

WOC Packet for Human Checklist

(Workers without Compensation)

INCOMPLETE PAPERWORK WILL BE RETURNED!

<i>Completed</i>		<i>Required Items</i>
<i>Yes</i>	<i>No</i>	
<input type="checkbox"/>	<input type="checkbox"/>	1. PI Request for Staff Access to a Research Secured Area
<input type="checkbox"/>	<input type="checkbox"/>	2. WOC Letter
<input type="checkbox"/>	<input type="checkbox"/>	3. Declaration for Federal Employment (OF 306)
<input type="checkbox"/>	<input type="checkbox"/>	4. OF 612 needed and Resume or CV. (If you are a Nurse, Physician or Dentist we will need 10-2850c, 10-2850b or 10-2850 which ever applies)
<input type="checkbox"/>	<input type="checkbox"/>	5. VA-WOC Appointee Intellectual Property Agreement
<input type="checkbox"/>	<input type="checkbox"/>	6. Mandatory courses that all VE employees, including WOC appointees, must complete: <ul style="list-style-type: none"> ➤ <i>These courses can be found on https://www.tms.va.gov/SecureAuth35/ Please print certificates and attach to your WOC paperwork. Instructions for TMS self-enrollment are attached.</i>
		<ul style="list-style-type: none"> a. VA Privacy and Information Security Awareness and Rules of Behavior (10176) b. Privacy and HIPPA Training (10203) c. VA CO Compliance Business and Integrity (7318) d. Radiation Safety for Laboratory Workers-DUR (1358297) e. Fire/Life Safety (1341082) f. Globally Harmonized System (GHS) (17663) g. Emergency Preparedness (1341136) h. MRI (96960)
<input type="checkbox"/>	<input type="checkbox"/>	7. Role-specific laboratory courses (must be completed before work can be done in a lab): <i>Please see Lester Nichols in Building 5, Room 109 for lab courses and lab orientation packet. Call extension 7341</i>
<input type="checkbox"/>	<input type="checkbox"/>	8. Research Scope of Practice
<input type="checkbox"/>	<input type="checkbox"/>	9.. PIV Form
<input type="checkbox"/>	<input type="checkbox"/>	10. English Language Proficiency
<input type="checkbox"/>	<input type="checkbox"/>	16. VA Good Clinical Practice training: www.citiprogram.org
<input type="checkbox"/>	<input type="checkbox"/>	12. Fingerprinting: Just take two forms of Id to NG039 to be fingerprinted and copy of PIV form with you. Two forms of ID will consist of Driver's License, Social Security Card or Driver's License and passport. Hours for the PIV office is 8 to 4:30. As soon as fingerprints are completed the PIV office will send you an e-mail to complete e-qip. As soon as you submit e-qip two to three days go back down to PIV with two forms of ID and get your picture taken, Please let me know when you received badge, I will need some information off of your card to send to Police Services to grant you Research access as needed.

<input type="checkbox"/>	<input type="checkbox"/>	13. <i>EQUIP</i> will be done after fingerprinting. ➤ HR will explain the <i>EQUIP</i> process. Please allow 10 business days before your badge is ready for pickup. You will receive an e-mail from HR when your badge is ready.
<input type="checkbox"/>	<input type="checkbox"/>	14. Copy or Copies of College Transcripts
<input type="checkbox"/>	<input type="checkbox"/>	15. Declaration of Education

Upon leaving the VA as a WOC, please return your badge and keys to Nancy Dixon in building 5 Room 119 A

PI REQUEST FOR STAFF ACCESS TO A RESEARCH SECURED AREA

1. PURPOSE: To formally request access for investigator's employees and staff to the Research Secured Area.
2. POLICY: The information requested in this document must be supplied via submission of this form or Email before access to the secured area will be considered.
3. RESPONSIBILITY: It is the responsibility of each Investigator to formally identify the staff that must have access to secured area in order to complete their research-related duties.
4. PROCEDURE: The investigator submits the information requested to the R&D Secretary, Nancy Dixon, Building 8 Room 101 via this document (hand deliver to Research Administration).
5. REQUESTED INFORMATION:
 - a. Person making request: _____
 - b. Name of person for whom access is requested: _____
 - c. The person named above is > 18 years of age? YES___ NO___
 - d. Immediate supervisor of person for whom access is requested: _____
 - e. Brief description of duties of person for whom access is requested (lab support research assistant, etc.): _____

 - f. Areas to which is access is needed. Check all that apply:
 - (1) ___ General Laboratory Area
 - (2) ___ VMU(only mark this box if you expect to work with animal subjects and are > 18 years of age)



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
508 Fulton Street
Durham, NC 27705

Date:

In Reply Refer To: 558/05

•(Name) _____
(Home Address) _____
(Home Address) _____

SSN: _____
DOB: _____
U.S. Citizen: Yes or No

Dear:

Welcome to the Veterans Affairs Medical Center. You will be assigned to our facility as a _____ from _____ through _____ under authority of 38 U.S.C., 7405(a)(1). During your period of affiliation with our facility, you are authorized to perform services as directed by _____.

In accepting this assignment you will receive no monetary compensation and you will not be entitled to those benefits normally given to regularly paid employees of the Department of Veterans Health Administration, such as leave, retirement, etc. You will, however, be eligible to receive benefits indicated below. Cash cannot be paid in lieu of any of these benefits.

Quarters Subsistence Uniforms Laundering Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelope. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely yours,

JERRY FREEMAN
Chief, Human Resource Management Service

Enclosure

I agree to serve in the above capacity under the conditions indicated

Signature _____
Date _____

Veterans Status
1- Vietnam Veteran
2- Other Veteran
3- Non-Veteran
* For this purpose, a Vietnam Veteran is one with Service between August 15, 1964 and May 7, 1975

Declaration for Federal Employment*

(*This form may also be used to assess fitness for federal contract employment)

Form Approved:
OMB No. 3206-0182

Instructions

The information collected on this form is used to determine your acceptability for Federal and Federal contract employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, before you are appointed you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true.

All your answers must be truthful and complete. **A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by a fine or imprisonment (U.S. Code, title 18, section 1001).**

Either type your responses on this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"). Include your name, Social Security Number, and item number on each sheet. We recommend that you keep a photocopy of your completed form for your records.

Privacy Act Statement

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, 3328, and 8716 of title 5, U. S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Your Social Security Number (SSN) is needed to keep our records accurate, because other people may have the same name and birth date. Public Law 104-134 (April 26, 1996) asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or any other information is voluntary. However, if you do not give us your SSN or any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM/GOVT-1, General Personnel Records. This system allows disclosure of information to: training facilities; organizations deciding claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representation of employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognitions and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives and Records Administration, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of action for separation as shown on the SF 50 (or authorized exception) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employees about fitness-for-duty or agency-filed disability retirement procedures.

Public Burden Statement

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to the U.S. Office of Personnel Management, Reports and Forms Manager (3206-0182), Washington, DC 20415-7900. The OMB number, 3206-0182, is valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

GENERAL INFORMATION

1. **FULL NAME** (Provide your full name. If you have only initials in your name, provide them and indicate "Initial only". If you do not have a middle name, indicate "No Middle Name". If you are a "Jr.," "Sr.," etc. enter this under Suffix. First, Middle, Last, Suffix)



2. **SOCIAL SECURITY NUMBER**



3a. **PLACE OF BIRTH** (Include city and state or country)



3b. **ARE YOU A U.S. CITIZEN?**

YES NO (If "NO", provide country of citizenship) ◆

4. **DATE OF BIRTH** (MM / DD / YYYY)



5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc)



6. **PHONE NUMBERS** (Include area codes)

Day ◆

Night ◆

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959?

YES

NO (If "NO", proceed to 8.)

7b. Have you registered with the Selective Service System?

YES (If "YES", proceed to 8.)

NO (If "NO", proceed to 7c.)

7c. If "NO," describe your reason(s) in item 16.

Military Service

8. Have you ever served in the United States military?

YES (If "YES", provide information below) NO

If you answered "YES," list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO."

Branch	From (MM/DD/YYYY)	To (MM/DD/YYYY)	Type of Discharge

Background Information

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of *nolo contendere* (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

9. During the last 7 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

10. Have you been convicted by a military court-martial in the past 7 years? (If no military service, answer "NO.") If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved. YES NO

11. Are you currently under charges for any violation of law? If "YES," use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved. YES NO

12. During the last 5 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency? If "YES," use item 16 to provide the date, an explanation of the problem, reason for leaving, and the employer's name and address. YES NO

13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES," use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt. YES NO

Declaration for Federal Employment*

Form Approved:
OMB No. 3206-0182

(*This form may also be used to assess fitness for federal contract employment)

Additional Questions

14. Do any of your relatives work for the agency or government organization to which you are submitting this form? (Include: father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "YES," use item 16 to provide the relative's name, relationship, and the department, agency, or branch of the Armed Forces for which your relative works. YES NO
15. Do you receive, or have you ever applied for, retirement pay, pension, or other retired pay based on military, Federal civilian, or District of Columbia Government service? YES NO

Continuation Space / Agency Optional Questions

16. Provide details requested in items 7 through 15 and 18c in the space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

Certifications / Additional Questions

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, read item 17, complete 17b, read 18, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question or item on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees or representatives of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature: _____ Date _____
(Sign in ink)

17b. Appointee's Signature: _____ Date _____
(Sign in ink)

Appointing Officer:
Enter Date of Appointment or Conversion
MM / DD / YYYY

18. Appointee (Only respond if you have been employed by the Federal Government before): Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

- 18a. When did you leave your last Federal job? _____
DATE: MM / DD / YYYY
- 18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance? YES NO DO NOT KNOW
- 18c. If you answered "YES" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "NO," use item 16 to identify the type(s) of insurance for which waivers were not canceled. YES NO DO NOT KNOW

General Information

Optional Application for Federal Employment – OF 612

You may apply for most Federal jobs with a résumé, an Optional Application for Federal Employment (OF 612), or other written format. If your résumé or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in black ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and job announcement number on each page.

- Information on Federal employment and the latest information about educational and training provisions are available at www.usajobs.gov or via interactive voice response system: (703) 724-1850 or TDD (978) 461-8404.
- Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.
For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.opo.ed.gov/accreditation/>.
For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.
- If you served on active duty in the United States Military and were discharged or released from active duty in the armed forces under honorable conditions, you may be eligible for veterans' preference. To receive preference, if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law generally prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. Every employee must pay any valid delinquent debt or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact the office identified in the announcement.

How to Apply

1. **Review** the listing of current vacancies.
2. **Decide** which jobs, pay range, and locations interest you.
3. **Follow instructions** provided in the vacancy announcement including any additional forms that are required.
 - You may apply for most jobs with a resume, this form, or any other written format; **all applications must include the information requested in the vacancy announcement as well as information required for all applications for Federal employment** (see below):
 - The USAJOBS website features an online résumé builder. This is a free service that allows you to create a résumé, submit it electronically (for some vacancy announcements), and save it online for use in the future.

Certain information is required to evaluate your qualifications and determine if you meet legal requirements for Federal employment. If your resume or application does not include all the required information as specified below, the agency may not consider you for the vacancy. Help speed the selection process - submit a concise resume or application and send only the required material.

Information required for all applications for Federal employment:

Job Vacancy Specifics

- Announcement number, title and grade(s) of the job you are applying for

Personal Information

- Full name, mailing address (with zip code) and day and evening phone numbers (with area code) and email address, if applicable
- Social Security Number
- Country of citizenship (most Federal jobs require U.S. citizenship)
- Veterans' preference
- Reinstatement eligibility (for former Federal employees)
- Highest Federal civilian grade held (including job series and dates held)
- Selective Service (if applicable)

Work Experience

- Provide the following information for your paid and volunteer work experience related to the job you are applying for:
 - ▶ job title (include job series and grade if Federal)
 - ▶ duties and accomplishments
 - ▶ employer's name and address
 - ▶ supervisor's name and telephone number - indicate if supervisor may be contacted
 - ▶ starting and ending dates (month and year)
 - ▶ hours per week
 - ▶ salary

Education

- High School
 - ▶ Name, city, and State (Zip code if known)
 - ▶ Date of diploma or GED
- Colleges or universities
 - ▶ Name, city, and State (Zip code if known)
 - ▶ Majors
 - ▶ Type and year of degrees received. (If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Do not attach a copy of your transcript unless requested
- Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U.S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.ope.ed.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.

Other Education Completed

- School name, city, and State (Zip code if known)
 - ▶ Credits earned and Majors
 - ▶ Type and year of degrees received. (If no degree, show total credits earned and indicate whether semester or quarter hours.)
- Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards

Other Qualifications

- Job-related:
 - ▶ Training (title of course and year)
 - ▶ Skills (e.g., other languages, computer software/hardware, tools, machinery, typing speed, etc.)
 - ▶ Certificates or licenses (current only). Include type of license or certificate, date of latest license, and State or other licensing agency
 - ▶ Honors, awards, and special accomplishments, (e.g., publications, memberships in professional honor societies, leadership activities, public speaking and performance awards) (Give dates but do not send documents unless requested)

Any Other information Specified in the Vacancy Announcement**Privacy Act Statement**

The U.S. Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc. In order to keep your records in order, we request your Social Security Number (SSN) under the authority of Executive Order 9397 which requires the SSN for the purpose of uniform, orderly administration of personnel records. Failure to furnish the requested information may delay or prevent action on your application. We use your SSN to seek information about you from employers, schools, banks, and others who know you. We may use your SSN in studies and computer matching with other Government files. If you do not give us your SSN or any other information requested, we cannot process your application. Also, incomplete addresses and ZIP Codes will slow processing. We may confirm information from your records with prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals.

Public Burden Statement

We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. Send comments regarding the burden statement or any other aspect of the collection of information, including suggestions for reducing this burden to the U.S. Office of Personnel Management (OPM), OPM Forms Officer, Washington, DC 20415-7900. The OMB number, 3206-0219, is currently valid. OPM may not collect this information and you are not required to respond, unless this number is displayed. Do not send completed application forms to this address; follow directions provided in the vacancy announcement(s).

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Form Approved
OMB No. 3206-0219

Section A - Applicant Information
Use Standard State Postal Codes (abbreviations). If outside the United States of America, and you do not have a military address, type or print "OV" in the State field (Block 6c) and fill in the Country field (Block 6e) below, leaving the Zip Code field (Block 6d) blank.

1. Job title in announcement		2. Grade(s) applying for		3. Announcement number	
4a. Last name			4b. First and middle names		5. Social Security Number
6a. Mailing address				7. Phone numbers (include area code if within the United States of America)	
				7a. Daytime	
6b. City		6c. State	6d. Zip Code	7b. Evening	
6e. Country (if not within the United States of America)					
8. Email address (if available)					

Section B - Work Experience
Describe your paid and non-paid work experience related to the job for which you are applying. Do not attach job description.

1. Job title (if Federal, include series and grade)					
2. From (mm/yyyy)		3. To (mm/yyyy)		4. Salary per \$	5. Hours per week
6. Employer's name and address				7. Supervisor's name and phone number	
				7a. Name	
				7b. Phone	
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.					
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)					

Section C - Additional Work Experience

1. Job title (if Federal, include series and grade)					
2. From (mm/yyyy)		3. To (mm/yyyy)		4. Salary per \$	5. Hours per week
6. Employer's name and address				7. Supervisor's name and phone number	
				7a. Name	
				7b. Phone	
8. May we contact your current supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If we need to contact your current supervisor before making an offer, we will contact you first.					
9. Describe your duties, accomplishments and related skills (if you need to attach additional pages, include your name, address, and job announcement number)					

Section D - Education

Upon request from the employing Federal agency, you must provide documentation or proof that your degree(s) is from a school accredited by an accrediting body recognized by the Secretary, U. S. Department of Education, or that your education meets the other provisions outlined in the OPM Operating Manual. It will be your responsibility to secure the documentation that verifies that you attended and earned your degree(s) from this accredited institution(s) (e.g., official transcript). Federal agencies will verify your documentation.

For a list of postsecondary educational institutions and programs accredited by accrediting agencies and state approval agencies recognized by the U.S. Secretary of Education, refer to the U.S. Department of Education Office of Postsecondary Education website at <http://www.opse.ed.gov/accreditation/>.

For information on Educational and Training Provisions or Requirements, refer to the OPM Operating Manual available at <http://www.opm.gov/qualifications/SEC-II/s2-e4.asp>.

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

1. Last High School (HS)/GED school. Give the school's name, city, state, ZIP Code (if known), and year diploma or GED received:

2. Mark highest level completed: Some HS HS/GED Associate Bachelor Master Doctoral

3. Colleges and universities attended. Do not attach a copy of your transcript unless requested.

	Total Credits Earned		Major(s)	Degree (if any), Year Received
	Semester	Quarter		
3a. Name				
City	State	Zip Code		
3b. Name				
City	State	Zip Code		
3c. Name				
City	State	Zip Code		

Section E - Other Education Completed

Do not list degrees received based solely on life experience or obtained from schools with little or no academic standards.

Section F - Other Qualifications

License or Certificate	Date of Latest License or Certificate	State or Other Licensing Agency
1f.		
2f.		

Section G - Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). Job-related honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do not send documents unless requested.

Section H - General

1a. Are you a U.S. citizen? Yes No → 1b. If no, give the Country of your citizenship

2a. Do you claim veterans' preference? Yes No → If yes, mark your claim of 5 or 10 points below.

2b. 5 points → Attach your *Report of Separation from Active Duty* (DD 214) or other proof.

2c. 10 points → Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

3. Check this box if you are an adult male born on or after January 1st 1960, and you registered for Selective Service between the ages of 18 through 25 →

4. Were you ever a Federal civilian employee? Yes No → If yes, list highest civilian grade for the following:

4a. Series	4b. Grade	4c. From (mm/yyyy)	4d. To (mm/yyyy)

5a. Are you eligible for reinstatement based on career or career-conditional Federal status? Yes No
If requested in the vacancy announcement, attach *Notification of Personnel Action* (SF 50), as proof.

5b. Are you eligible under the ICTAP*? Yes No
*ICTAP (Interagency Career Transition Assistance Plan): A participant in this plan is a current or former federal employee displaced from a Federal agency. To be eligible, you must have received a formal notice of separation such as a RIF separation notice. If you are an ICTAP eligible, normally you will be provided priority consideration for vacancies within your commuting area for which you apply and are well qualified.

Section I - Applicant Certification

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete, and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

1a. Signature _____ 1b. Date (mm/dd/yyyy) _____



Department of Veterans Affairs

APPLICATION FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS AND CHIROPRACTORS

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.

Affairs to determine your eligibility for appointment in Veterans Health Administration. INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. NAME (Last, First, Middle) (Mandatory)			2. APPLICATION FOR (Check one) <input type="checkbox"/> GENERAL PRACTICE <input type="checkbox"/> SPECIALTY (Identify below)		
3. PRESENT ADDRESS (Street Address 1)		STREET ADDRESS 2		APT. NO.	
CITY		STATE		ZIP CODE	
		COUNTRY		4. TELEPHONE NUMBER (Include Area Code)	
				4A. RESIDENCE	
				4B. BUSINESS	
5. DATE OF BIRTH		6. PLACE OF BIRTH (City)		STATE	
				COUNTRY	
7. SOCIAL SECURITY NUMBER (Mandatory)			8A. CITIZENSHIP		
			<input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 8B)		
8B. COUNTRY OF WHICH YOU ARE A CITIZEN			9A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA		
			<input type="checkbox"/> YES (If "YES", complete items 9B and 9C) <input type="checkbox"/> NO		
9B. NAME OF OFFICE WHERE FILED			9C. DATE FILED		
10. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER			11. DATE AVAILABLE FOR EMPLOYMENT		

I - ACTIVE MILITARY DUTY

12A. DATE FROM	12B. DATE TO	12C. SERIAL OR SERVICE NO.	12D. BRANCH OF SERVICE	12E. TYPE OF DISCHARGE
				<input type="checkbox"/> HONORABLE <input type="checkbox"/> OTHER (Explain on separate sheet)

II - LICENSURE, DEA/STATE CERTIFICATION, SPECIALTY BOARDS AND CLINICAL PRIVILEGES

13A. LIST ALL STATES/TERRITORIES/COMMONWEALTHS OF THE U. S. OR THE DISTRICT OF COLUMBIA, WHERE YOU ARE OR HAVE EVER BEEN LICENSED (If not held now, explain on a separate sheet)	13B. LICENSE NO.	13C. CURRENT REGISTRATION (If "NO" explain on separate sheet)			13D. EXPIRATION DATE
		YES	NO	NOT REQUIRED	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED OR ISSUED/PLACED IN A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES (If "YES", explain on separate sheet) <input type="checkbox"/> NO	15A. NUMBER OF CURRENT OR MOST RECENT DEA (DRUG ENFORCEMENT ADMINISTRATION) CERTIFICATE AND/OR STATE LICENSE/PERMIT TO PRESCRIBE CONTROLLED SUBSTANCES	15B. DATE OF EXPIRATION	15C. HAVE YOU EVER HAD A DEA CERTIFICATE OR STATE LICENSE/PERMIT REVOKED, SUSPENDED, LIMITED, RESTRICTED IN ANY WAY OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES (If "YES", explain on separate sheet) <input type="checkbox"/> NO
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16A. ARE YOU CERTIFIED BY AN AMERICAN SPECIALTY BOARD (General Certification) <input type="checkbox"/> YES (If "YES", provide names of boards below) <input type="checkbox"/> NO	16B. DATE	16C. SPECIAL CERTIFICATIONS (Recognized by American Board after exam) <input type="checkbox"/> YES (If "YES", provide names of boards below) <input type="checkbox"/> NO	16D. DATE
--	-----------	--	-----------

16E. LIST AND PROVIDE DETAILS OF ALL CERTIFICATIONS BY OTHER THAN AN AMERICAN SPECIALTY BOARD (Use separate sheet if more space is necessary)

17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY <input type="checkbox"/> YES (If "YES", complete item 17B) <input type="checkbox"/> NO	17B. NAME AND ADDRESS OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD	17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, NOT RENEWED, OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES (If "YES", explain on separate sheet) <input type="checkbox"/> NO
--	--	--

III - THIS SECTION TO BE COMPLETED BY THE CHIEF OF STAFF

CERTIFICATION: I certify that I have verified licensure and registration with State boards, and sighted visa or evidence of citizenship. Board certification has been verified (if appropriate).

18. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO:	19A. SIGNATURE OF CHIEF OF STAFF	19B. DATE
<input type="checkbox"/> FULL LICENSURE <input type="checkbox"/> CURRENT REGISTRATION (All States) <input type="checkbox"/> NATURALIZED CITIZENSHIP <input type="checkbox"/> BOARD CERTIFICATION <input type="checkbox"/> VISA		

IV - PROFESSIONAL LIABILITY INSURANCE

20A. PRESENT PROFESSIONAL LIABILITY INSURANCE CARRIER	20B. DATE COVERAGE BEGAN	20C. NAMES OF PRIOR CARRIERS	20D. DATES OF COVERAGE		21. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", explain on separate sheet)
			FROM	TO	

V - PREPROFESSIONAL EDUCATION

22A. NAME OF SCHOOL	22B. ADDRESS (City, State and ZIP Code)	22C. SUBJECT MAJOR	22D. YEARS ATTENDED	22E. GRADUATED		22F. DEGREE
				MONTH	YEAR	

VI - PROFESSIONAL EDUCATION

23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP Code)	23C. YEARS ATTENDED	23D. GRADUATED		23E. DEGREE
			MONTH	YEAR	

NOTE: For items 24 through 27, identify service as a paid Federal employee including service with VA, U.S. Military or Public Health Service. Include and identify internship or general practice residencies. DO NOT include externships.

VII - RESIDENCY TRAINING AND FELLOWSHIPS SUBSEQUENT TO GRADUATION FROM PROFESSIONAL SCHOOL

24A. NAME OF HOSPITAL OR INSTITUTION	24B. ADDRESS (City, State and ZIP Code)	24C. SPECIALTY	24D. PG LEVEL	24E. COMPLETED		24F. NO. OF MONTHS
				MONTH	YEAR	

VIII - TEACHING AND/OR RESEARCH ASSOCIATIONS AND APPOINTMENTS WITH PROFESSIONAL SCHOOLS

25A. INSTITUTION	25B. ADDRESS (City, State and ZIP Code)	25C. POSITION	25D. DATE FROM	25E. DATE TO

IX - VISITING STAFF HOSPITAL APPOINTMENTS

26A. INSTITUTION	26B. ADDRESS (City, State and ZIP Code)	26C. POSITION	26D. DATE FROM	26E. DATE TO

X - PROFESSIONAL EXPERIENCE

27A. EMPLOYER	27B. ADDRESS (City, State and ZIP Code)	27C. POSITION (Where applicable, also specify whether General practitioner or Specialist)	27D. FULL TIME	27E. PART-TIME AVERAGE HOURS PER WEEK	27F. DATES EMPLOYED	
					FROM	TO
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

XI - GENERAL INFORMATION

28. NAMES UNDER WHICH YOU WERE EMPLOYED IF DIFFERENT FROM NAME GIVEN IN ITEM 1.

29. LIST ALL PROFESSIONAL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS AND FELLOWSHIPS (If additional space is required, attach separate sheet)

30. REFERENCES: List four persons, preferably in your specialty, living in the United States who are not related to you by blood or marriage and who have been in a position to judge your professional qualifications during the past five years.

30A. NAME	30B. ADDRESS (Street, City, State and ZIP Code)	30C. AREA CODE/PHONE NO.	30D. BUSINESS OR OCCUPATION

ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET OF PAPER	YES	NO
31.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Does the Department of Veterans Affairs (VA) employ any relative of yours (by blood or marriage)? If "YES", give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 36, 37 or 38 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 36 or 37, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

34.	Within the last five years have you been discharged from any position for any reason?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 36 above?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
38.	While in the military service were you ever convicted by a general court-martial?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39.	If you were in the military service as a physician, dentist, podiatrist, optometrist, or chiropractor, did you ever receive a non-judicial punishment (Article 15)?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

XII - SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

CERTIFICATION:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

41A. SIGNATURE OF APPLICANT	41B. DATE (Month, Day, Year)
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AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to VA officials;
- Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and
- Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.

SIGNATURE	DATE
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PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and the published notice of the system of records "Applicants for Employment under Title 38, U.S.C.-VA" (02VA135)

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.



APPLICATION FOR PHYSICIANS, DENTISTS, PODIATRISTS, OPTOMETRISTS AND CHIROPRACTORS

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.

Affairs to determine your eligibility for appointment in Veterans Health Administration. INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. NAME (Last, First, Middle) (Mandatory)			2. APPLICATION FOR (Check one) <input type="checkbox"/> GENERAL PRACTICE <input type="checkbox"/> SPECIALTY (Identify below)		
3. PRESENT ADDRESS (Street Address 1)		STREET ADDRESS 2		APT. NO.	
CITY		STATE		ZIP CODE	
		COUNTRY		4. TELEPHONE NUMBER (Include Area Code)	
				4A. RESIDENCE	
				4B. BUSINESS	
5. DATE OF BIRTH		6. PLACE OF BIRTH (City)		STATE COUNTRY	
7. SOCIAL SECURITY NUMBER (Mandatory)			8A. CITIZENSHIP		
			<input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 8B)		
8B. COUNTRY OF WHICH YOU ARE A CITIZEN			9A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA		
			<input type="checkbox"/> YES (If "YES", complete items 9B and 9C) <input type="checkbox"/> NO		
9B. NAME OF OFFICE WHERE FILED			9C. DATE FILED		
10. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER			11. DATE AVAILABLE FOR EMPLOYMENT		

I - ACTIVE MILITARY DUTY

12A. DATE FROM	12B. DATE TO	12C. SERIAL OR SERVICE NO.	12D. BRANCH OF SERVICE	12E. TYPE OF DISCHARGE
				<input type="checkbox"/> HONORABLE <input type="checkbox"/> OTHER (Explain on separate sheet)

II - LICENSURE, DEA/STATE CERTIFICATION, SPECIALTY BOARDS AND CLINICAL PRIVILEGES

13A. LIST ALL STATES/TERRITORIES/COMMONWEALTHS OF THE U. S. OR THE DISTRICT OF COLUMBIA, WHERE YOU ARE OR HAVE EVER BEEN LICENSED (If not held now, explain on a separate sheet)	13B. LICENSE NO.	13C. CURRENT REGISTRATION (If "NO" explain on separate sheet)			13D. EXPIRATION DATE
		YES	NO	NOT REQUIRED	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. DO YOU HAVE PENDING, OR HAVE YOU EVER HAD ANY LICENSE REVOKED SUSPENDED, DENIED, RESTRICTED, LIMITED OR ISSUED/PLACED IN A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES (If "YES", explain on separate sheet) <input type="checkbox"/> NO	15A. NUMBER OF CURRENT OR MOST RECENT DEA (DRUG ENFORCEMENT ADMINISTRATION) CERTIFICATE AND/OR STATE LICENSE/PERMIT TO PRESCRIBE CONTROLLED SUBSTANCES	15B. DATE OF EXPIRATION	15C. HAVE YOU EVER HAD A DEA CERTIFICATE OR STATE LICENSE/PERMIT REVOKED, SUSPENDED, LIMITED, RESTRICTED IN ANY WAY OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES (If "YES", explain on separate sheet) <input type="checkbox"/> NO
--	--	-------------------------	--

16A. ARE YOU CERTIFIED BY AN AMERICAN SPECIALTY BOARD (General Certification) <input type="checkbox"/> YES (If "YES", provide names of boards below) <input type="checkbox"/> NO	16B. DATE	16C. SPECIAL CERTIFICATIONS (Recognized by American Board after exam) <input type="checkbox"/> YES (If "YES", provide names of boards below) <input type="checkbox"/> NO	16D. DATE
--	-----------	--	-----------

16E. LIST AND PROVIDE DETAILS OF ALL CERTIFICATIONS BY OTHER THAN AN AMERICAN SPECIALTY BOARD (Use separate sheet if more space is necessary)

17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION OR AGENCY <input type="checkbox"/> YES (If "YES", complete item 17B) <input type="checkbox"/> NO	17B. NAME AND ADDRESS OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD	17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, NOT RENEWED, OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES (If "YES", explain on separate sheet) <input type="checkbox"/> NO
--	--	--

III - THIS SECTION TO BE COMPLETED BY THE CHIEF OF STAFF

CERTIFICATION: I certify that I have verified licensure and registration with State boards, and sighted visa or evidence of citizenship. Board certification has been verified (if appropriate).

18. EVIDENCE HAS BEEN SIGHTED IN REGARDS TO:	19A. SIGNATURE OF CHIEF OF STAFF	19B. DATE
<input type="checkbox"/> FULL LICENSURE <input type="checkbox"/> CURRENT REGISTRATION (All States) <input type="checkbox"/> NATURALIZED CITIZENSHIP <input type="checkbox"/> BOARD CERTIFICATION <input type="checkbox"/> VISA		

IV - PROFESSIONAL LIABILITY INSURANCE

20A. PRESENT PROFESSIONAL LIABILITY INSURANCE CARRIER	20B. DATE COVERAGE BEGAN	20C. NAMES OF PRIOR CARRIERS	20D. DATES OF COVERAGE		21. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If "YES", explain on separate sheet)</small>
			FROM	TO	

V - PREPROFESSIONAL EDUCATION

22A. NAME OF SCHOOL	22B. ADDRESS (City, State and ZIP Code)	22C. SUBJECT MAJOR	22D. YEARS ATTENDED	22E. GRADUATED		22F. DEGREE
				MONTH	YEAR	

VI - PROFESSIONAL EDUCATION

23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP Code)	23C. YEARS ATTENDED	23D. GRADUATED		23E. DEGREE
			MONTH	YEAR	

NOTE: For items 24 through 27, identify service as a paid Federal employee including service with VA, U.S. Military or Public Health Service. Include and identify internship or general practice residencies. DO NOT include externships.

VII - RESIDENCY TRAINING AND FELLOWSHIPS SUBSEQUENT TO GRADUATION FROM PROFESSIONAL SCHOOL

24A. NAME OF HOSPITAL OR INSTITUTION	24B. ADDRESS (City, State and ZIP Code)	24C. SPECIALTY	24D. PG LEVEL	24E. COMPLETED		24F. NO. OF MONTHS
				MONTH	YEAR	

VIII - TEACHING AND/OR RESEARCH ASSOCIATIONS AND APPOINTMENTS WITH PROFESSIONAL SCHOOLS

25A. INSTITUTION	25B. ADDRESS (City, State and ZIP Code)	25C. POSITION	25D. DATE FROM	25E. DATE TO

IX - VISITING STAFF HOSPITAL APPOINTMENTS

26A. INSTITUTION	26B. ADDRESS (City, State and ZIP Code)	26C. POSITION	26D. DATE FROM	26E. DATE TO

X - PROFESSIONAL EXPERIENCE

27A. EMPLOYER	27B. ADDRESS (City, State and ZIP Code)	27C. POSITION (Where applicable, also specify whether General practitioner or Specialist)	27D. FULL TIME	27E. PART-TIME AVERAGE HOURS PER WEEK	27F. DATES EMPLOYED	
					FROM	TO
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

XI - GENERAL INFORMATION

28. NAMES UNDER WHICH YOU WERE EMPLOYED IF DIFFERENT FROM NAME GIVEN IN ITEM 1.

29. LIST ALL PROFESSIONAL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS AND FELLOWSHIPS (if additional space is required, attach separate sheet)

30. REFERENCES: List four persons, preferably in your specialty, living in the United States who are not related to you by blood or marriage and who have been in a position to judge your professional qualifications during the past five years.

30A. NAME	30B. ADDRESS (Street, City, State and ZIP Code)	30C. AREA CODE/PHONE NO.	30D. BUSINESS OR OCCUPATION

ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET OF PAPER	YES	NO
31.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Does the Department of Veterans Affairs (VA) employ any relative of yours (by blood or marriage)? If "YES", give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
33.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 36, 37 or 38 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 36 or 37, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

34.	Within the last five years have you been discharged from any position for any reason?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
35.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
36.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
37.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 36 above?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
38.	While in the military service were you ever convicted by a general court-martial?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
39.	If you were in the military service as a physician, dentist, podiatrist, optometrist, or chiropractor, did you ever receive a non-judicial punishment (Article 15)?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

XII - SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

CERTIFICATION:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

41A. SIGNATURE OF APPLICANT

41B. DATE (Month, Day, Year)

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to VA officials;
- Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and
- Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.

SIGNATURE	DATE
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PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and the published notice of the system of records "Applicants for Employment under Title 38, U.S.C.-VA" (02VA135)

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.



APPLICATION FOR NURSES AND NURSE ANESTHETISTS

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.

INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs to determine your eligibility for appointment in Veterans Health Administration. Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. NAME (Last, First, Middle)			2. APPLICATION FOR (Check one) <input type="radio"/> GENERAL PRACTICE <input type="radio"/> SPECIALTY (Identify Below)		
3. PRESENT ADDRESS (Street Address 1)		STREET ADDRESS 2		APT. NO.	
CITY		STATE ZIP CODE		COUNTRY	
4. TELEPHONE NUMBER (Include Area Code)			4A. RESIDENCE		
			4B. BUSINESS		
5. DATE OF BIRTH		6. PLACE OF BIRTH		7. SOCIAL SECURITY NUMBER	
		STATE COUNTRY			
8A. CITIZENSHIP <input type="radio"/> U.S. CITIZEN BY BIRTH <input type="radio"/> NATURALIZED U.S. CITIZEN <input type="radio"/> NOT A U.S. CITIZEN (Complete item 8B)					8B. COUNTRY OF WHICH YOU ARE A CITIZEN
9A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA <input type="radio"/> YES <input type="radio"/> NO (If "YES" complete items 9B and 9C)			9B. NAME OF OFFICE WHERE FILED		9C. DATE FILED
10. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER			11. DATE AVAILABLE FOR EMPLOYMENT		

I - ACTIVE MILITARY DUTY

12A. DATE FROM	12B. DATE TO	12C. SERIAL OR SERVICE NO.	12D. BRANCH OF SERVICE	12E. TYPE OF DISCHARGE <input type="radio"/> HONORABLE <input type="radio"/> Other (Explain on separate sheet)	
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II - REGISTRATION AND CLINICAL PRIVILEGES

13A. LIST ALL STATES/TERRITORIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN REGISTERED AS A NURSE (If necessary, continue on separate sheet)	13B. REGISTRATION NUMBER	13C. EXPIRATION DATE

14. ARE YOU FULLY REGISTERED IN EVERY STATE IN WHICH YOU ARE NOW REGISTERED (If restricted, limited or probational in any State(s), explain on separate sheet) <input type="radio"/> YES <input type="radio"/> NO	15. DO YOU HAVE PENDING OR HAVE YOU EVER HAD ANY REGISTRATION TO PRACTICE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED ON A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED <input type="radio"/> YES <input type="radio"/> NO (If "YES" explain on separate sheet)	16. HAVE YOU EVER HELD A REGISTRATION TO PRACTICE THAT IS NO LONGER HELD OR CURRENT <input type="radio"/> YES <input type="radio"/> NO (If "YES" explain on separate sheet)
17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION, AGENCY OR ORGANIZATION <input type="radio"/> YES <input type="radio"/> NO (If "YES" explain on separate sheet)	17B. NAME OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD	17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, OR VOLUNTARILY RELINQUISHED <input type="radio"/> YES <input type="radio"/> NO (If "YES" explain on separate sheet)

III - NURSE ANESTHETIST CERTIFICATION (To be completed by Nurse Anesthetists only)

18A. ARE YOU CERTIFIED AS A NURSE ANESTHETIST BY THE COUNCIL ON CERTIFICATION OF NURSE ANESTHETISTS (CCNA) <input type="radio"/> YES <input type="radio"/> NO	18B. WHAT IS THE DATE OF YOUR CERTIFICATION OR MOST RECENT RECERTIFICATION (GIVE MONTH AND YEAR)	18C. WHAT IS YOUR AMERICAN ASSOCIATION OF NURSE ANESTHETISTS (AANA) IDENTIFICATION NUMBER	18D. HAS YOUR CCNA CERTIFICATION EVER BEEN REVOKED <input type="radio"/> YES <input type="radio"/> NO (If "YES" explain on separate sheet)
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IV - THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE

CERTIFICATION: I certify that I have verified registration with State boards, and cited visa or evidence of citizenship. Board certification has been verified (if appropriate).

19. EVIDENCE HAS BEEN CITED IN REGARDS TO:

<input type="checkbox"/> CERTIFICATION AS A NURSE ANESTHETIST	<input type="checkbox"/> VISA
<input type="checkbox"/> REGISTRATION FOR ALL STATES LISTED BY APPLICANT	<input type="checkbox"/> NATURALIZED CITIZENSHIP
<input type="checkbox"/> CURRENT OR MOST RECENT CLINICAL PRIVILEGES	
<input type="checkbox"/> NO CURRENT OR PREVIOUS CLINICAL PRIVILEGES	

20A. SIGNATURE OF FACILITY DIRECTOR OR DESIGNEE	20B. TITLE	20C. DATE
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V - PROFESSIONAL LIABILITY INSURANCE

21A. PRESENT PROFESSIONAL LIABILITY INSURANCE CARRIER	21B. DATE COVERAGE BEGAN	21C. NAME OF PRIOR CARRIER	21D. DATES OF COVERAGE		22. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE <input type="radio"/> YES <input type="radio"/> NO <small>(If "YES" explain on separate sheet)</small>
			FROM	TO	

VI - QUALIFICATIONS

BASIC NURSING EDUCATION (Continue on separate sheet if necessary)

23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP Code)	23C. LENGTH OF PROGRAM	23D. DATE COMPLETED	23E. DIPLOMA OR DEGREE RECEIVED

ADDITIONAL EDUCATION (Continue on separate sheet if necessary)

24A. NAME OF SCHOOL	24B. ADDRESS (City, State and ZIP Code)	24C. MAJOR	24D. DATE COMPLETED	24E. CREDITS	24F. DEGREE

25. IS YOUR PROFESSIONAL BIOGRAPHY COMPILED <input type="radio"/> YES <input type="radio"/> NO (If "YES", please forward a copy to the VA)	NOTE: IF YOUR COLLEGE OR UNIVERSITY STUDY IS NOT A PART OF YOUR PROFESSIONAL BIOGRAPHY, PLEASE SEND OFFICIAL TRANSCRIPT(S)
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VII - NURSING EXPERIENCE

26A. EMPLOYER	26B. ADDRESS (City, State and ZIP Code)	26C. POSITION	26D. FULL TIME	26E. PART-TIME AVERAGE HOURS PER WEEK	26F. DATES EMPLOYED	
					FROM	TO
			<input type="checkbox"/>	<input type="checkbox"/>		

NAME AND TITLE OF DIRECTOR OF NURSING OR OF OTHER DEPARTMENT TO WHICH YOU WERE ASSIGNED

			<input type="checkbox"/>	<input type="checkbox"/>		
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NAME AND TITLE OF DIRECTOR OF NURSING OR OF OTHER DEPARTMENT TO WHICH YOU WERE ASSIGNED

			<input type="checkbox"/>	<input type="checkbox"/>		
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NAME AND TITLE OF DIRECTOR OF NURSING OR OF OTHER DEPARTMENT TO WHICH YOU WERE ASSIGNED

VIII - GENERAL INFORMATION

27. NAMES UNDER WHICH YOU WERE EMPLOYED. IF DIFFERENT FROM NAME GIVEN IN ITEM 1.

- 1.
- 2.
- 3.
- 4.

28. LIST ALL PROFESSIONAL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS, FELLOWSHIPS AND SPECIALTY CERTIFICATION (If additional space is required, attach separate sheet).

IX - REFERENCES

NOTE: LIST FOUR PERSONS LIVING IN THE UNITED STATES WHO ARE NOT RELATED TO YOU BY BLOOD OR MARRIAGE AND WHO HAVE BEEN IN A POSITION TO JUDGE YOUR PROFESSIONAL QUALIFICATIONS DURING THE PAST FIVE YEARS.

29A. NAME	29B. ADDRESS (Street, City, State and ZIP Code)	29C. AREA CODE/PHONE NO.	29D. BUSINESS OR OCCUPATION

ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET OF PAPER	YES	NO
30.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service?	<input type="radio"/>	<input type="radio"/>
31.	Does the Department of Veterans Affairs employ any relative of yours (by blood or marriage)? If "YES" give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.	<input type="radio"/>	<input type="radio"/>
32.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE, PROFESSIONAL OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of professional malpractice are proven groundless. Any conclusion concerning your answer as it relates to professional qualifications will be made only after a full evaluation of the circumstances involved.)	<input type="radio"/>	<input type="radio"/>

NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 35, 36 or 37 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 35 or 36, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

33.	Within the last five years have you been discharged from any position for any reason?	<input type="radio"/>	<input type="radio"/>
34.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?	<input type="radio"/>	<input type="radio"/>
35.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)	<input type="radio"/>	<input type="radio"/>
36.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 35 above?	<input type="radio"/>	<input type="radio"/>
37.	While in the military service were you ever convicted by a general court-martial?	<input type="radio"/>	<input type="radio"/>
38.	If you were in the military service in one of these health occupations, did you ever receive a non-judicial punishment (Article 15)?	<input type="radio"/>	<input type="radio"/>
39.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.	<input type="radio"/>	<input type="radio"/>

X - SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

CERTIFICATION:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

40A. SIGNATURE OF APPLICANT

40B. DATE (Month, Day, Year)

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to VA officials;
- Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and
- Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.

SIGNATURE OF APPLICANT	DATE
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PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and published notices of systems of records.

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Department of Veterans Affairs APPLICATION FOR ASSOCIATED HEALTH OCCUPATIONS

SEE LAST PAGE FOR PAPERWORK REDUCTION ACT, PRIVACY ACT AND INFORMATION ABOUT DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER.

INSTRUCTIONS: Please submit this application furnishing all information in sufficient detail to enable the Department of Veterans Affairs to determine your eligibility for appointment in Veterans Health Administration.

Type, or print in ink. If additional space is required, please attach a separate sheet and refer to items being answered by number.

1. OCCUPATION FOR WHICH APPLYING

- A CERTIFIED RESPIRATORY THERAPY TECHNICIAN
- B REGISTERED RESPIRATORY THERAPIST
- C LICENSED PHYSICAL THERAPIST
- D LICENSED PRACTICAL/VOCATIONAL NURSE
- E LICENSED PHARMACIST
- F PHYSICIAN ASSISTANT
- G EXPANDED-FUNCTION DENTAL AUXILIARY
- H OCCUPATIONAL THERAPIST
- OTHER (Specify)

2. NAME (Last, First, Middle)	3. APPLICATION FOR (Check one) <input type="checkbox"/> GENERAL PRACTICE <input type="checkbox"/> SPECIALTY (Identify Below)
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4. PRESENT ADDRESS (Include ZIP Code) STREET ADDRESS 2 APT. NO. CITY STATE ZIP CODE COUNTRY	5. TELEPHONE NUMBER (Include Area Code) 5A. RESIDENCE 5B. BUSINESS
--	---

6. DATE OF BIRTH	7. PLACE OF BIRTH (City) STATE COUNTRY	8. SOCIAL SECURITY NUMBER
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9A. CITIZENSHIP <input type="checkbox"/> U.S. CITIZEN BY BIRTH <input type="checkbox"/> NATURALIZED U.S. CITIZEN <input type="checkbox"/> NOT A U.S. CITIZEN (Complete item 9B)	9B. COUNTRY OF WHICH YOU ARE A CITIZEN
--	--

10A. HAVE YOU EVER FILED APPLICATION FOR APPOINTMENT IN THE VA <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" complete items 10B and 10C)	10B. NAME OF OFFICE WHERE FILED	10C. DATE FILED
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11. WHEN MAY INQUIRY BE MADE OF YOUR PRESENT EMPLOYER	12. DATE AVAILABLE FOR EMPLOYMENT
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I - ACTIVE MILITARY DUTY

13A. DATE FROM	13B. DATE TO	13C. SERIAL OR SERVICE NO.	13D. BRANCH OF SERVICE	13E. TYPE OF DISCHARGE <input type="checkbox"/> HONORABLE <input type="checkbox"/> OTHER (Explain on separate sheet)
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II - LICENSURE, DEA CERTIFICATION, REGISTRATION AND CLINICAL PRIVILEGES (As applicable)

14A. LIST ALL STATES/TERRITORIES IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED (If not held now, explain on separate sheet)	14B. LICENSE NO.	14C. CURRENT REGISTRATION (If "NO" explain on separate sheet)			14D. EXPIRATION DATE
		YES	NO	NOT REQUIRED	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

15A. ARE YOU FULLY LICENSED IN EVERY STATE IN WHICH YOU RECEIVED A LICENSE (If restricted, limited or probational in any State(s), explain on separate sheet) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE	15B. DO YOU HAVE PENDING OR HAVE YOU EVER HAD A STATE LICENSE TO PRACTICE REVOKED, SUSPENDED, DENIED, RESTRICTED, LIMITED, OR ISSUED/PLACED ON A PROBATIONAL STATUS OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" explain on separate sheet)	15C. HAVE YOU EVER HELD A REGISTRATION TO PRACTICE THAT IS NO LONGER HELD OR CURRENT (If "YES" explain on separate sheet) <input type="checkbox"/> YES <input type="checkbox"/> NO
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16A. NAME THE CERTIFYING BODY FOR YOUR HEALTH OCCUPATION	16B. DATE OF MOST RECENT REGISTRATION/CERTIFICATION (Give Month and Year)	16C. WHAT IS YOUR REGISTRY/ CERTIFICATION NUMBER	16D. HAS ACTION EVER BEEN TAKEN AGAINST YOUR CERTIFICATION OR REGISTRATION <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" explain on separate sheet)
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17A. DO YOU CURRENTLY HAVE OR HAVE YOU EVER HAD CLINICAL PRIVILEGES AT ANY HEALTH CARE INSTITUTION, AGENCY OR ORGANIZATION <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" complete Item 17B)	17B. NAME OF CURRENT OR MOST RECENT INSTITUTION, AGENCY OR ORGANIZATION WHERE HELD	17C. HAVE ANY OF YOUR STAFF APPOINTMENTS OR CLINICAL PRIVILEGES EVER BEEN DENIED, REVOKED, SUSPENDED, REDUCED, LIMITED, OR VOLUNTARILY RELINQUISHED <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" explain on separate sheet)
---	--	--

III - THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE

CERTIFICATION: I certify that I have verified licensure and registration with State boards, and cited visa or evidence of citizenship. Board certification has been verified (if appropriate).

18. EVIDENCE HAS BEEN CITED IN REGARDS TO:			
<input type="checkbox"/> CERTIFICATION OR REGISTRATION	<input type="checkbox"/> NATURALIZED CITIZENSHIP	<input type="checkbox"/> LICENSURE/REGISTRATION FOR ALL STATES LISTED BY APPLICANT	<input type="checkbox"/> VISA
		<input type="checkbox"/> CURRENT OR MOST RECENT CLINICAL PRIVILEGES	<input type="checkbox"/> NO CURRENT OR PREVIOUS CLINICAL PRIVILEGES

19A. SIGNATURE OF AUTHORIZED OFFICIAL	19B. TITLE	19C. DATE (MONTH, DAY, YEAR)
---------------------------------------	------------	------------------------------

IV - LIABILITY INSURANCE (As applicable)

20A. PRESENT LIABILITY INSURANCE CARRIER	20B. DATE COVERAGE BEGAN	20C. NAMES OF PRIOR CARRIERS	20D. DATE OF COVERAGE		21. HAS ANY CARRIER EVER CANCELLED, DENIED OR REFUSED TO RENEW YOUR INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES" explain on separate sheet)
			FROM	TO	

V - QUALIFICATIONS

BASIC ALLIED HEALTH EDUCATION (Continue on separate sheet, if necessary)

22A. NAME OF SCHOOL	22B. ADDRESS (City, State and ZIP Code)	22C. LENGTH OF PROGRAM	22D. DATE COMPLETED	22E. DIPLOMA OR DEGREE RECEIVED

ADDITIONAL EDUCATION (Continue on separate sheet, if necessary)

23A. NAME OF SCHOOL	23B. ADDRESS (City, State and ZIP Code)	23C. MAJOR	23D. DATE COMPLETED	23E. CREDITS	23F. DEGREE

VI - PROFESSIONAL EXPERIENCE

24A. EMPLOYER	24B. ADDRESS (City, State and ZIP Code)	24C. POSITION (Where applicable, also specify whether General Practitioner or Specialist)	26D. FULL-TIME	26E. PART-TIME AVERAGE HOURS PER WEEK	26F. DATES EMPLOYED	
					FROM	TO
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

VII - GENERAL INFORMATION

25. NAMES UNDER WHICH YOU WERE EMPLOYED, IF DIFFERENT FROM NAME GIVEN IN ITEM 1.

26. LIST ALL PUBLICATIONS, SCIENTIFIC PAPERS, HONORS, AWARDS, RESEARCH GRANTS, FELLOWSHIPS (If additional space is required, attach separate sheet).

VIII - REFERENCES

27. REFERENCES: List at least four persons living in the United States who are not related to you by blood or marriage and who have been in a position to judge your qualifications during the past five years.

27A. NAME	27B. ADDRESS (Number, Street, City, State and ZIP Code)	27C. AREA CODE/PHONE NO.	27D. BUSINESS OR OCCUPATION

REFERENCES (Continued)

27A. NAME	27B. ADDRESS (Number, Street, City, State and ZIP Code)	27C. AREA CODE/PHONE NO.	27D. BUSINESS OR OCCUPATION

ITEM NO.	PLACE AN "X" IN APPROPRIATE SPACE. IF "YES" EXPLAIN DETAILS ON SEPARATE SHEET	YES	NO
28.	Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal civilian, or District of Columbia service?	<input type="checkbox"/>	<input type="checkbox"/>
29.	Does the Department of Veterans Affairs employ any relative of yours (by blood or marriage)? If "YES" give separately such relative's (1) full name; (2) relationship; (3) VA position and employment location.	<input type="checkbox"/>	<input type="checkbox"/>
30.	ARE YOU NOW, OR HAVE YOU EVER BEEN, INVOLVED IN ADMINISTRATIVE OR JUDICIAL PROCEEDINGS IN WHICH MALPRACTICE ON YOUR PART IS OR WAS ALLEGED? (If "YES" give details including name of action or proceedings, date filed, court or reviewing agency, and the status or disposition of case concerning allegations, together with your explanation of the circumstances involved.) (As a provider of health care services, the VA has an obligation to exercise reasonable care in determining that applicants are properly qualified. It is recognized that many allegations of malpractice are proven groundless. Any conclusion concerning your answer as it relates to your qualifications will be made only after a full evaluation of the circumstances involved.)	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: A conviction or a discharge does not necessarily mean you cannot be appointed. The nature of the conviction or discharge and how long ago it occurred is important. Give all the facts so that a decision can be made. If your answer to question 33, 34 or 35 is "YES" give for each offense: (1) date; (2) charge; (3) place; (4) court and (5) action taken. When answering item 33 or 34, you may omit (1) traffic fines for which you paid a fine of \$100.00 or less; (2) any offense committed before your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (3) any conviction the record of which has been expunged under Federal or State law; and (4) any conviction set aside under the Federal Youth Corrections Act or similar State authority.

31.	Within the last five years have you been discharged from any position for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
32.	Within the last five years have you resigned or retired from a position after being notified you would be disciplined or discharged, or after questions about your clinical competence were raised?	<input type="checkbox"/>	<input type="checkbox"/>
33.	Have you ever been convicted, forfeited collateral, or are you now under charges for any felony or any firearms or explosives offense against the law? (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by a term of imprisonment of two years or less.)	<input type="checkbox"/>	<input type="checkbox"/>
34.	During the past seven years have you been convicted, imprisoned, on probation or parole, or forfeited collateral, or are you now under charges for any offense against the law not included in 33 above?	<input type="checkbox"/>	<input type="checkbox"/>
35.	While in the military service were you ever convicted by a general court-martial?	<input type="checkbox"/>	<input type="checkbox"/>
36.	If you were in the military service in one of these health occupations, did you ever receive a non-judicial punishment (Article 15)?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Are you delinquent on any Federal debt? (Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults on any Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes" explain on a separate sheet the type, length, and amount of the delinquency or default and steps you are taking to correct errors or repay the debt. Give any identification numbers associated with the debt and the address of the Federal agency involved.	<input type="checkbox"/>	<input type="checkbox"/>

IX - SIGNATURE OF APPLICANT

NOTE: A false statement on any part of your application may be grounds for not hiring you, or for terminating you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, Title 18, Section 1001).

 **CERTIFICATION:** I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF MY STATEMENTS ARE TRUE, CORRECT, COMPLETE, AND MADE IN GOOD FAITH.

38A. SIGNATURE OF APPLICANT	38B. DATE (Month, Day, Year)
-----------------------------	------------------------------

AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Department of Veterans Affairs (VA) to assess and verify my educational background, professional qualifications and suitability for employment, I:

- Authorize VA to make inquiries concerning such information about me to my previous employer(s), current employer, educational institutions, State Medical Boards, other professional organizations and/or persons, agencies, organizations or institutions listed by me as references, and to State licensing boards, professional liability insurance carriers, national practitioner data bank, American Medical Association, Federation of any other appropriate sources to whom VA may be referred by those contacted or deemed appropriate;
- Authorize release of such information and copies of related records and/or documents to VA officials;
- Release from liability all those who provide information to VA in good faith and without malice in response to such inquiries; and
- Authorize VA to disclose to such persons, employers, institutions, boards or agencies identifying and other information about me to enable VA to make such inquiries.

SIGNATURE	DATE
------------------	-------------

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICE

The **Paperwork Reduction Act of 1995** requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 30 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.

AUTHORITY: The information requested on the attached application form and Authorization for Release of Information is solicited under Title 38, United States Code, Chapters 73 and 74.

PURPOSES AND USES: The information requested on the application is collected primarily to determine your qualifications and suitability for employment. If you are employed by the VA, the information will be used to make pay and benefit determinations and, as necessary, in personnel administration processes carried out in accordance with established regulations and the published notice of the system of records "Applicants for Employment under Title 38, U.S.C.-VA" (02VA135)

ROUTINE USES: Information on the form or the form itself may be released without your prior consent outside the VA to another Federal, State or local agency, to the National Practitioner Data Bank which is administered by the Department of Health and Human Services, to State licensing boards, and/or appropriate professional organizations or agencies to assist the VA in determining your suitability for hiring and for employment, to periodically verify, evaluate and update your clinical privileges and licensure status, to report apparent or potential violations of law, to provide statistical data upon proper request, or to provide information to a Congressional office in response to an inquiry made at your request. Such information may also be released without your prior consent to Federal agencies, State licensing boards, or similar boards or entities, in connection with the VA's reporting of information concerning your separation or resignation as a professional staff member under circumstances which raise serious concerns about your professional competence. Information concerning payments related to malpractice claims and adverse actions which affect clinical privileges also may be released to State licensing boards and the National Practitioner Data Bank. The information you supply may be verified through a computer matching program at any time.

EFFECTS OF NON-DISCLOSURE: See statement below concerning disclosure of your social security number. Disclosure of the other information is voluntary; however, failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining employment, employees benefits, or other entitlements.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579 SECTION 7(b)

Disclosure of your SSN (social security number) is mandatory to obtain the employment and related benefits that you are seeking. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records. The SSN also will be used by Federal agencies in connection with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the number will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

INTELLECTUAL PROPERTY

1. REASON FOR ISSUE: This Veterans Health Administration (VHA) Handbook provides revised guidance and instruction regarding intellectual property (inventions) and the transfer of new scientific discoveries to benefit the public good (technology transfer).

2. SUMMARY OF MAJOR CHANGES: Corrects title of the agreement from Inter-institutional Agreement (IIA) to Cooperative Technology Administration Agreement (CTAA).

a. **Paragraph 2:** Describes dual appointment personnel, joint ownership, and Department of Veterans Affairs (VA) Without Compensation (WOC) Appointee Intellectual Program Agreement.

b. **Paragraph 4:** Adds additional definitions.

c. **Paragraph 6:** Corrects title from IIA to Cooperative Technology Administration Agreement (CTAA).

d. **Paragraph 12:** Notes requirements for State Department approval of foreign Cooperative Research and Development Agreement (CRADA)'s and that no inconsistencies exist between CTAA's and CRADA's.

3. RELATED DIRECTIVE: VHA Directive 1200.

4. RESPONSIBLE OFFICE: The Office of Research and Development (12) is responsible for the contents of this VHA Handbook.

5. RESCISSION: This VHA Handbook rescinds VHA Handbook 1200.18, dated May 17, 2001.

6. RECERTIFICATION: This document is scheduled for recertification on or before the last working date of November 2007.

Robert H. Roswell, M.D.
Under Secretary for Health

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INTELLECTUAL PROPERTY

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides guidance and instruction regarding intellectual property (inventions) and the transfer of new scientific discoveries to benefit the public good (technology transfer). **NOTE:** *The provisions of this Handbook apply to all research services within the Office of Research and Development (ORD) i.e., Medical Research Service (MRS), Rehabilitation Research and Development (RR&D), Health Services Research and Development Services (HSR&D), and the Cooperative Studies Program (CSP).*

2. BACKGROUND

a. Under Executive Order 10096, and Department of Commerce implementing regulations, Title 37 Code of Federal Regulations (CFR) Part 501, the Department of Veterans Affairs (VA) has the right to assert a right, title, and interest in and to all inventions made by any VA salaried employee under certain circumstances. Employees must have a duty to perform research for VA, which could consist of being assigned research duties and/or receiving any VA research intra-mural funding award. Executive Order 10096 also requires that the invention be made during working hours; with a contribution by VA of facilities, equipment, materials, funds, or information, or of time or services of other VA employees on official duty; or which bear a direct relation to, or are made in consequence of, the official duties of the inventor. In the case of a determination under 37 CFR 501, VA must promptly provide the employee with a signed and dated statement of its determination, a Determination of Rights Letter, and the reasons therefor, and a copy of 37 CFR Part 501. **Authority:** 37 CFR §501.7.

b. VA recognizes that not all inventors may be full-time employees. Some may be part-time VA employees and part-time employees of another organization such as a university affiliate. Inventors may also be full-time employees of another organization granted access to VA resources (space, supplies, equipment, patients, etc.) after executing a VA-Without Compensation (WOC) Appointee Intellectual Property Agreement [see www.vard.org for specific instructions and form]. As a result of this unique relationship, an invention can be made while the inventor is acting as an employee of one or both organizations. It is important to realize that VA determines ownership rights only to the extent the invention was made in connection with the inventor's VA employment or with a substantial VA contribution. The Determination of Rights letter does not address any ownership rights another organization may have through the inventor. If another organization has a joint ownership interest, VA must contact and work with the joint owner to expedite the development of the invention. VA will also substantially share with the inventor and the facility any ensuing royalties.

3. SCOPE

a. The mission of the VA Technology Transfer Program (TTP) is to serve the American public by translating the results of worthy discoveries made by employees of VA into practice. This requires a program that educates inventors concerning their rights and obligations, rigorously evaluates all inventions, obtains patents, and assists in the commercialization of new products. It also requires consistent policies that govern the necessary relationships between

investigator (i.e., inventor), academic partners, local VA medical centers, industry, and the Department of Commerce. It requires close collaboration between ORD and the VA Office of General Counsel (OGC).

b. The TTP public mission requires aggressive dissemination of educational information to investigators and of products to the market. It is also necessary that VA assert an ownership interest whenever appropriate, so that discovery can be built upon. This ensures access to technologies by veterans.

***NOTE:** TTP is committed to supporting the highest quality intramural research program. This means not only moving discovery from the laboratory to clinical practice in a timely manner, but also ensuring that inventors and their host VA medical centers receive optimal advice and support so that they may realize equitable compensation and recognition.*

4. DEFINITIONS

a. **Intellectual Property (Invention).** Intellectual property is any art, machine, manufacture, design, or composition of matter, or any variety of plant, which is or may be patentable under the patent laws of the United States (U.S.). **Authority:** 38 CFR 1.651.

b. **Inventor.** The inventor is the individual responsible for the conception or reduction to practice of a device or process.

c. **Employee.** The term employee or Government employee means any officer or employee, civilian or military, of VA. For purposes of asserting VA ownership under Executive Order 10096, employee means an individual receiving salary from VA. **Authority:** 38 CFR 1.651.

d. **Dual Appointment Personnel (DAP).** This term means a person who has an appointment, either salaried or without compensation with both VA and a university affiliate or other nonprofit organization.

e. **WOC Appointment.** This term refers to a situation where an individual has an appointment with VA, but is receiving no salary from VA, and whose invention cannot be claimed by VA under Executive Order 10096. **NOTE:** *This individual may be an employee of a university affiliate or other nonprofit organization.*

f. **VA-WOC Appointee Intellectual Property Agreement.** This term means a document signed by an individual who has a WOC appointment and is performing research within VA.

g. **Disclosure.** Disclosure is the formal written process of documenting all aspects relating to the development of potential intellectual property for the purpose of determining and assigning ownership.

h. **Re-disclosure.** Re-disclosure is the formal written process of documenting all aspects relating to any improvement of a previously disclosed invention for the purpose of issuing a new determination on the improved invention.

i. **Premature Disclosure.** Premature disclosure is the presentation of too much data related to unpatented intellectual property in a public forum, e.g., scientific meeting, etc. **NOTE:** *Premature disclosure may result in the loss of patent filing rights.*

j. **Patent.** A patent is an official written document securing to an inventor for a term of years the exclusive right to make, use, or sell an invention.

k. **License.** A license is a written authority granted by the owner of a patent to another person, empowering the latter to make or use the patented article for a limited period or in a limited territory.

l. **Royalty.** A royalty is compensation for an invention.

m. **Copyright.** A copyright is a form of protection provided by Title 17 United States Code (U.S.C.) to the authors of "original works of authorship" including literary, dramatic, musical, artistic, and other intellectual works, for a limited period of time. A copyright protects the form of expression, rather than ideas or the subject matter of the work. The copyright owner controls a number of exclusive divisible rights, the most fundamental one being the right to reproduce the work in copies.

5. INVENTION DISCLOSURE

a. In the case of an invention (to include improvement of an invention) or believed invention, the inventor must complete a VA certification page and prepare a statement for submission to the inventor's supervisor. These documents are available at the TTP website www.vard.org This statement consists of a:

(1) Narrative, detailed description providing sufficient information and detail for VA to ascertain ownership rights and to file the appropriate legal documentation required to protect the invention.

(2) A statement setting forth the circumstances attending the making of the invention. The statement must include:

(a) The full name and address of the inventor.

(b) The grade and title of the inventor's position.

(c) The inventor's employment status (full-time or part-time).

(d) The inventor's duties at the time the invention was made.

(e) The facts pertinent to a determination whether the invention bore a direct relation to, or was made in consequence of, such official duties.

(f) Whether there was, and if so the terms of, any special agreement or understanding with respect to the use or manufacture of the invention.

(g) The date of the invention, when and where it was conceived, constructed, and tested.

(h) Whether it was made entirely during working hours.

(i) Whether, and to what extent, there was a contribution by the Government of any of the following:

1. Facilities,

2. Equipment,

3. Materials or supplies,

4. Funds,

5. Information,

6. Time, or

7. Services of other Government employees on duty. **Authority:** *38 CFR §1.656.*

b. **Review and Submission.** The inventor's supervisor must review the employee inventor's statement. The file is then submitted via the local Research and Development (R&D) Office for review and approval and sent via courier to the Program Manager, R&D Technology Transfer Section (122TT) using the address listed under Contact Information. Once processed, TTP submits the disclosure to OGC. **Authority:** *38 CFR §1.656.*

c. **Potential Outcomes.** There are three possible outcomes to an invention disclosure. They are that the Government:

(1) Maintains right, title, and interest in, and to, any invention of a Government employee;

(2) Is entitled to a royalty free license with ownership remaining with the inventor; or

(3) Claims no interest or license; i.e., all rights remain with inventor.

d. **Appeals.** Any Government employee who is aggrieved by an agency determination may obtain a review of the determination by filing (within 30 days after receiving notice of such determination) two copies of an appeal with the Under Secretary of Commerce for Technology, c/o The Office of Federal Technology, Room 4837, U.S. Department of Commerce, Washington, DC 20230. On receipt of a copy of an appeal, the agency must furnish both the Under Secretary of Commerce for Technology and the inventor with a copy of a report containing the following information about the invention involved in the appeal:

(1) A copy of the agency's statement. **Authority:** *37 CFR §501.7.*

(2) A description of the invention in sufficient detail to identify the invention and show its relationship to the employee's duties and work assignments.

(3) The name of the employee and employment status, including a statement of official duties and responsibilities at the time the invention was made.

(4) A detailed statement of the points of dispute or controversy, to include copies of any statements or written arguments filed with the agency, and of any other relevant evidence that the agency considered in making its determination. **Authority:** 37 CFR. §501.8.

6. COOPERATIVE TECHNOLOGY ADMINISTRATION AGREEMENTS (CTAA)

a. Retention of ownership and protection of intellectual property developed by VA investigators are key issues of importance. It is also important to acknowledge cases where co-ownership issues exist with VA academic affiliates. To address this issue, a model CTAA was developed in collaboration with the Office of General Counsel (OGC). This legal agreement outlines relevant definitions, terms, and conditions for handling intellectual property between both organizations.

b. Using the CTAA allows VA a co-ownership interest while providing the academic affiliate unimpeded access and authority to patent and market the intellectual property in question. This makes the invention attractive to manufacturers ensuring that if they develop the product for the marketplace, they will have exclusive rights to produce and market the invention. The overall benefit to the Government and the taxpayers is that an invention resulting from Federally-funded research will be protected by a patent.

c. Successful patents licensed to manufacturers provide a royalty stream. As a result, VA inventors benefit from royalties for their personal use, as well as a return of royalties to their research laboratories and facility. The American taxpayer gains by the return of funds to the laboratories to further medical research. Using CTAA's provides a win-win situation for VA and academic affiliates, while maintaining, strengthening, and/or expanding existing partnerships to the mutual benefit of both organizations. **NOTE:** *CTAAs are used with academic affiliates whenever possible.*

d. CTAAs are developed by the TTP staff, OGC, and the academic affiliate. For additional information, sample CTAAs are available at the TTP internet web site under the Technology Transfer link (see App. A for web site address).

7. PATENTS

a. Once intellectual property has been disclosed and reviewed by OGC and a determination has been made to retain ownership of an invention, the VA patent process begins. Under 35 U.S.C. §207, VA is authorized to apply for, obtain and maintain patents or other forms of protection in the U.S. and in foreign countries on inventions in which VA owns a right, title or interest.

NOTE: *Any invention owned by the Government under the criteria set forth in 37 CFR §501.6 needs to be protected by an application for a domestic patent and other necessary documents executed by the employee inventor prepared by or through the General Counsel, Deputy*

General Counsel, or the Assistant General Counsel for Professional Staff Group IV.

Authority: 38 CFR §1.654.

b. VA may elect to use outside counsel (or other means to be identified), if it is determined appropriate. All VA-owned inventions not covered by CTAA's must receive centralized patenting support arranged and coordinated through the TTP. This support includes handling patent applications, provisional patents, patent filings, follow-up requests for information concerning pending patent applications, international filings where applicable, and other necessary actions. **NOTE:** *These services are provided at no cost to the facility or investigator.*

c. If it is determined that the employee inventor is entitled to full ownership under 37 CFR §501.6, subject to a non-exclusive, irrevocable, royalty-free license in the Government, it is the duty of the employee inventor to notify OGC of the status of the patent application, including the patent application number so that VA may protect interests reserved to the Government.

Authority: 38 CFR §1.655.

8. COPYRIGHT

a. Title 17 U.S.C. Section 105, the U.S. Copyright Act, provides that copyright protection is not available for any "work of the United States Government" defined under the Copyright Act as a work prepared by an U.S. Government employee as part of that person's official duties (17 U.S.C. § 101). Consequently, works such as instructional materials prepared exclusively by VA employees as part of their official duties are not copyrightable, but are placed into the public domain. Section 105, however, permits the U.S. Government to receive and hold copyrights transferred to it by assignment, bequest, or otherwise.

b. Works prepared for the U.S. Government under a U.S. Government contract or grant may be copyrighted by the contractor or grantee unless the U.S. Government provides in the contract or grant that copyright is prohibited or, in a written instrument signed by the parties, that the U.S. Government owns all of the rights comprised in the copyright. It is U.S. Government policy to:

(1) Recognize that the owner of a copyright has a legally enforceable property right in the copyrighted work, and

(2) Obtain or procure a proper license or permission to use copyrighted works.

9. MARKETING

a. A critical component of any successful intellectual property program involves marketing new inventions or technologies to ensure timely production and introduction into the marketplace. All VA-owned inventions not covered by CTAA's receive centralized marketing support arranged and coordinated through VHA Central Office. **NOTE:** *Currently, contractor expertise is available in the areas of initial technology screening and comprehensive technology assessment.*

b. The comprehensive technology assessment provides:

- (1) Industry feedback,
- (2) Identification of potential licensees,
- (3) Comparison of competing technologies,
- (4) Evaluation of trends and market size, and
- (5) Identification of alternative applications.

c. In-house or contractor service is provided to identify market potential and compatible industry partners interested in commercialization of new products.

***NOTE:** A Technology Transfer Advisory Group consisting of experts familiar with, and experienced in, the field of intellectual property and commercialization of new products assists in guidance, oversight, and monitoring of VA technology transfer operations.*

10. LICENSE

a. All VA owned inventions not covered by CTAA's receive centralized support arranged and coordinated through VHA Central Office in negotiating licenses with commercial entities for intellectual property owned by VA. These efforts ensure that industry partners identified through marketing efforts receive a license to manufacture and sell the intellectual property in question. These services must be provided at no cost to the facility or investigator.

b. Under 35 U.S.C. §207, VA is authorized to grant non-exclusive, exclusive, or partially exclusive licenses under federally owned inventions. Prior to granting a license application, VA must ensure that the criteria in 35 U.S.C. §209 have been satisfied.

c. License applications received from interested parties requesting the use of intellectual property owned by VA are reviewed to determine if specific legal requirements are met. The license application must satisfy the requirements and criteria set forth in 37 CFR Part 404.

11. ROYALTIES

a. Royalty income to VA is accepted, monitored, and distributed by the TTP. Centralized handling of royalty income allows compilation of data for evaluating and reporting on the program's effectiveness, and ensures compliance with applicable laws; e.g., the current Federal royalty income cap of \$150,000 per year per employee. ***NOTE:** Royalties paid to employees from non-Federal sources such as universities are not subject to this ceiling.*

b. Royalty payments must be made in U.S. dollars only by check or bank draft drawn on a U.S. bank payable to Department of Veterans Affairs (royalty) and sent to: Department of Veterans Affairs, Technology Transfer Program (122TT), 810 Vermont Avenue, NW, Washington, DC 20420. Under this policy, 85 percent of royalty funds received is returned to the local facility to support ongoing research activities. ***NOTE:** The most recent royalty policy is available at the TTP internet web site under the Technology Transfer link.*

12. COOPERATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA)

A CRADA is an agreement between VA and one or more non-Federal parties under which VA "laboratory directors" (defined herein as medical center Directors) may accept, retain, and use funds, personnel, services, facilities, equipment, or other resources from collaborating parties in order to conduct R&D in a particular project. This may include the further development of a VA-owned invention and may be entered into in cooperation with a license agreement. **NOTE:** *Proposed CRADA's can not be inconsistent with CTAA terms.*

a. In exchange for what VA receives from a collaborating party, VA may provide personnel, services, facilities, equipment, or other resources, but not funds toward the conduct of specified R&D efforts consistent with VA's mission. The CRADA may provide for potential licenses or, in exceptional circumstances, assignments, or options, for reasonable compensation (when appropriate) to collaborating parties for any inventions made by a Federal employee under such agreements. However, a non-exclusive, non-transferable, irrevocable, paid-up license to practice, or have practiced, the invention throughout the world, by or on behalf of the Government, must be retained. In such cases where it is determined to grant any of the rights in advance, those rights must be granted directly to the collaborating party.

b. CRADAs are negotiated by the VA medical center and regional counsel attorneys. Following review and approval by OGC, they are returned to the medical center for execution. CRADAs dealing with foreign countries require advance State Department approval prior to execution. This could add considerable time to the overall approval process. The most recent information regarding CRADAs, including sample agreements, is available at the TTP internet web site under the Technology Transfer link.

13. INQUIRIES

Information regarding points of contact for issues related to intellectual property is contained in Appendix A.

CONTACT INFORMATION

1. Inquiries regarding intellectual property need to be directed to:

- a. Program Manager
Technology Transfer Program
Department of Veterans Affairs (122TT)
810 Vermont Avenue, NW
Washington, DC 20420
(410) 962-1800 x267

or

- b. Director (or Deputy Director)
Technology Transfer Program
Department of Veterans Affairs (122TT)
810 Vermont Avenue, NW
Washington, DC 20420
(202) 408-3670

2. Additional information can be obtained at <http://www.vard.org> by clicking Department of Veterans Affairs Technology Transfer Program link.

VA WOC APPOINTEE INTELLECTUAL PROPERTY AGREEMENT

This agreement is made between _____ and the Department of Veterans Affairs (VA) in consideration of my without compensation (WOC) appointment by the Durham VA Medical Center, and performing VA-Approved Research (as defined below) utilizing VA Resources. This agreement is not intended to be executed by WOC appointees exclusively performing clinical services, attending services, or educational activities at the VAMC.

1. I hold a WOC appointment at the VAMC for the purpose of performing research projects, evaluated and approved by the VA Research and Development Committee (VA Approved Research) at that VAMC.
2. By signing this agreement, I understand that, except as provided herein, I am adding no employment obligations to the VA beyond those created when I executed the WOC appointment.
3. I have read and understand the VHA Intellectual Property Handbook 1200.18, which provides guidance and instruction regarding invention disclosures, patenting, and the transfer of new scientific discoveries.
4. Notwithstanding that I am an employee or appointee at _____, I will disclose to VA any invention that I make while acting within my VA-WOC appointment in the performance of VA-Approved Research utilizing VA resources at the VAMC or in VA-approved space.
5. I understand that the VA Office of General Counsel (OGC) will review the invention disclosure and will decide whether VA can and will assert an ownership interest. Every effort will be made to issue a decision within 40 days of receipt of a complete file. OGC will base its decision on whether VA has made a significant contribution to the invention, to include my use of VA facilities, VA equipment, VA materials, VA supplies, and VA personnel, as well as assessment of the potential of the invention.
6. If VA asserts an ownership interest based on my inventive contribution, then, subject to Paragraph 7 below, I agree to assign certain ownership rights I may have in such invention to the VA. I agree to cooperate with VA, when requested, in drafting the patent application(s) for such invention and will thereafter sign any documents, recognizing VA's ownership, as required by the U.S. Patent and Trademark Office at the time the patent application is filed.
7. VA recognizes that I am employed or appointed at the entity named in paragraph 4 and have obligations to disclose and assign certain invention rights to it. If that entity asserts an ownership interest, VA will cooperate with it to manage the development of the invention as appropriate.
8. If a Cooperative Technology Administration Agreement (CTAA) exists between the VA and the mentioned entity in paragraph 4, this Agreement will be implemented in accordance with the provisions of that CTAA.

Date

Signature

Date

ACOS for Research

MANDATORY COURSES FOR WOC

WWW.TMS.VA.GOV

COURSES LISTED BELOW

Please attach All certificates to packet prior to turning in.

- 1. VA Privacy and Information Security Awareness and Rules of Behavior (10176)**
- 2. Privacy and HIPPA Training(10203)**
- 3. VA CO Compliance Business and Integrity(7318)**
- 4. Radiation Safety for Laboratory Workers-DUR(1358297)**
- 5. Fire/Life Safety (1341082)**
- 6. Globally Harmonized System (GHS) (17663)**
- 7. Emergency Preparedness(1341136)**

See attached self-enrollment, when enrolling please put Nancy Dixon as Point of contact and always enroll as a WOC

FINGERPRINT RECORD PREP SHEET

WOC, INTERN, STUDENT, RESIDENT, VOLUNTEER, CONTRACTOR, TERM EMPLOYEE	START DATE	END DATE
	SON-1078	SOI-VA68

PLEASE PRINT CLEARLY

COMPLETE FORM ENTIRELY

NAME (LAST, FIRST, MIDDLE-in this order)			
ALIAS (LAST, FIRST, MIDDLE-in this order)			
GENDER			
RACE			
EYE COLOR			
HAIR COLOR			
HEIGHT	FEET:	INCHES:	
WEIGHT (LBS)			
DATE OF BIRTH	YEAR:	MONTH:	DAY:
PLACE OF BIRTH	COUNTRY:	CITY:	STATE:
COUNTRY OF CITIZENSHIP			
FULL SOCIAL SECURITY NUMBER			
DVAMC ASSIGNED SERVICE DEPARTMENT			
OCCUPATION TITLE/RESPONSIBLE POC			
HOME ADDRESS (NO P.O. BOX)	STREET:		
	CITY:	STATE:	ZIP:
WOC, AFFILIATE, VOLUNTEER, CONTRACTOR, INTERN, RESIDENT, EMPLOYEE-TELEPHONE NUMBER	()	VA e	
AFFILIATION DESCRIPTION/SERVICE			
APPLICANTS EMAIL ADDRESS			

TO BE COMPLETED BY HUMAN RESOURCES REPRESENTATIVE:

DATE FINGERPRINTED: _____ Employee Renewal
 New badge Lost badge Not Working

CITI: VA Basic Training on Human Subjects Protections and GCP New Registrants

Go to <https://www.citiprogram.org/>

Click on New Users Register Here

Screen 1: Registration

Step 1: Select your institution or organization

- Leave “Participating Institutions” blank. Skip to “Veterans Affairs” and choose Durham, NC-558. *Leave all other options blank.*

Step 2: Create your Username and Password

- Create a username and password per instructions.

Step 3: Security Question and Answer

- Choose a question and provide an answer that you will remember.

Step 4: Enter your name.

- Enter your name per instructions.

Step 5: Enter your e-mail address

- You may enter a primary and secondary address.

Step 6: Gender, Ethnicity, and Race (required)

- Respond to each item (you can choose not to disclose).

Step 7: CME/CEU credits (required)

- Check “no.” The VA will not pay for CME/CEU credits.

Step 8: Course survey (required)

- Choose whether or not to participate in the survey.

Submit.

Screen 2: Member Information

You must provide responses to the following: Institutional e-mail address, gender, highest degree, department, role in research, and office phone.

Screen 3: Select Curriculum - Durham, NC-558

1. Click to indicate which situation best describes your status in VA human subjects web-based training:
 - Choose: My research or IRB administrator has informed me that I have to take the VA Basic training on Human Subjects Protections and GCP. (You will be placed in the first stage of the VA curriculum.)
2. Do you serve on a VA Institutional Animal Care and Use Committee (IACUC) or university IACUC that serves as the IACUC of record for a VA program?
 - Choose yes or no.

CITI: VA Basic Training on Human Subjects Protections and GCP New Registrants

3. Do you utilize laboratory animals for research, testing, or teaching in any of the settings below?
 - Choose yes or no.

4. Please place a check next to each species utilized in your animal research activities as described in the previous question.
 - Choose all that apply; you can leave blank if not applicable.

5. Do you perform or supervise survival surgery in rodent species?
 - Choose yes or no.

6. VA requires all new research laboratory staff to receive VA biosecurity training before beginning their laboratory duties. You may need to check with your local research administrators or training coordinators to find out if you must meet this requirement using the CITI website. Please select one of the responses below.
 - If you **will not** work in a research laboratory setting, choose:
 - I took VA biosecurity training previously, or my VA medical center does not require me to take this training at CITI.
 - If you **will** work in a research laboratory setting, choose:
 - I am a new VA or VA foundation employee and have NOT taken required VA training. (The "Introduction to VA Biosecurity Concepts" course will be added to your curriculum) **--OR--**
 - Although not a new employee, I am required by my VA medical center to take VA biosecurity training. (The "Introduction to VA Biosecurity Concepts" course will be added to your curriculum)

7. My work involves packaging and shipping biohazardous substances.
 - Choose yes or no.

Screen 4: Select your institution or organization

At this point you can register with another institution. This could be very useful if you wish to affiliate with Duke, UNC, Campbell, etc.

Click "Yes" to affiliate with another institution or click "No" to continue with your current selection.

Screen 5: Main menu

The courses you are required to take are displayed under "My courses." Click on the link to begin the course.

Please print out your completion certificate for your own records, and bring/send a copy to the Research Office (151).

Research Scope of Practice (SOP): MANDATORY Requirement for ALL Research Personnel

Background:

- Per VHA Directive 1200, the VA's Office of Research and Development (ORD) requires that all research personnel have a Research Scope of Practice (SOP) that outlines their research duties and responsibilities.
- This includes **all** human, animal, and laboratory research personnel.
 - Note: "personnel" includes paid VA employees and those designated as without compensation (WOC) employees, and Intergovernmental Personnel Act (IPA) employees.
 - **This includes MDs, PhDs, and Principal Investigators.**
- The Durham VAMC has created **one** SOP template for all research personnel.
 - Please complete the sections that pertain to you: human, animal, or laboratory research. **You may complete more than one section of the SOP template.**

Requirements:

All personnel who work in research must have a valid SOP. All new research employees, WOCs, etc., must complete a SOP prior to beginning any research work.

- SOPs must be done using the current template.
- The following signatures are required before the SOP can be submitted to the Research Office: the individual, the individual's supervisor, and any Principal Investigator(s) who the individual may work with on a per-protocol basis.
- While individuals are accountable for their SOP, each PI is responsible for ensuring that individuals working on their study/studies have current and accurate SOPs.
- SOPs are not tied to continuing reviews and will not require that individuals list each protocol in which they have any study-related duties.
- Individuals are responsible for keeping their SOP with their signature, their supervisor's signature, and all applicable PI signatures.
- Submit SOPs to Kimberly Clark in the Research Office (Building 8, Room 116); the SOP will then be routed for ACOS/R&D review and signature.

Updates/Revisions

- If an employee has a current Research SOP but is no longer working with a previously listed PI(s), the individual must complete a SOP PI Update Form to remove the PI(s) and submit the form to the Research Office.
- If an employee has a current Research SOP but is assigned to work with a PI that is not listed on the current Research SOP, the individual must complete a SOP PI Update Form and submit the form to the Research Office.
 - The new PI(s) must review the employee's current Research SOP and sign and date the SOP PI Update Form to indicate that s/he agrees that the employee is capable to perform the assigned duties for those protocols in which s/he acts as the PI.
- If research duties or responsibilities change during the course of a year, the individual must submit a new SOP with the individual's signature, the supervisor's signature, and all applicable PI signatures for ACOS/R&D signature.

Research Scope of Practice (SOP): MANDATORY Requirement for ALL Research Personnel

Processing and Tracking:

- All SOPs will be routed to Kimberly Clark for review, processing, and tracking.
- Once all signatures are present, SOPs will be scanned and an electronic version will be saved at \\VHADURMUL23\Groups1\research forms jan 09\Scope of Practice.
- Original hard copies will be kept in the Research Office.
- Once signed by the ACOS/R&D, SOPs will NOT be routed back to the individual; instead the fully executed version will reside in the Research Office.
- A scanned SOP will be available at \\VHADURMUL23\Groups1\research forms jan 09\Scope of Practice.

Questions:

- Questions regarding Human research should be directed to Kimberly Clark:
 - Kimberly.Clark5@va.gov, extension 5671
- Questions regarding Laboratory research should be directed to Lester Nichols:
 - Lester.Nichols@va.gov, extension 7341
- Questions regarding Animal research should be directed to Kathi Jones:
 - Katherine.Jones3@va.gov, extension 6548
- WOCs with questions should contact Nancy Dixon:
 - Nancy.Dixon5@va.gov, extension 6926
- HSR&D personnel with questions should contact Dana Tucker:
 - Dana.Tucker@va.gov, extension 5741

**DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER
508 FULTON STREET
DURHAM, NORTH CAROLINA**

Determination and Certification of English Language Proficiency

Applicant

Position Title

Service

The above named applicant has met the criteria for determining basic proficiency in spoken and written English as indicated below: (Check one or more of the following.)

- _____ 1. The candidate's primary and native written and spoken language is English.
- _____ 2. The candidate has completed a combination of four or more years of education and/or experience as follows:
- _____ a. Education in this country, or in any school in which the basic curriculum is conducted in English, which may include any time spent in graduate and postgraduate training.
- _____ b. Successful work experience in a health care facility in which the primary written and spoken language is English and in which the individual is required to communicate in English.
- _____ 3. For physician's, any of the following additional criteria may be considered as qualifying the English Language proficiency:
- _____ a. Graduation from a medical school whose curriculum was taught and examined in English.
- _____ b. Graduation from a foreign medical school whose curriculum was taught and examined in English.
- _____ c. United States citizenship by birth and graduation from a foreign medical school.
- _____ d. Certification by the ECFMG (Educational Council for Foreign Medical Graduates) with a certificate dated 1976 or later.
- _____ e. Successful completion of the VQE (Visa Qualifying Examination).
- _____ f. Certification by an American Specialty Board.
- _____ g. For residents appointed to an integrated graduate training program (i.e., accredited in the name of an affiliated institution), certification by the Deans Committee or Medical Advisory Committee of having met the written and spoken English Proficiency requirements.

Chief,

Date

Durham VAMC Research Vital Sign Competency Initial and Annual Review Checklist^{1,2}

Research staff member: _____
Printed Name Signature/Date

_____ (*initials*) The requirement to complete this competency does not apply because I am currently subject to an annual competency (e.g., a RN). If this waiver applies, you only need to submit this document ONE TIME unless the status of your waiver changes.

If the above waiver does not apply, observe the research staff member perform the following activities. If proficiency is demonstrated check proficient and initial. Complete each section, as applicable for each staff member authorized to collect vital signs.

Preceptor: _____
Printed Name Signature/Date

1. General Activities (Required Field).

Technique	Proficient	Initials
Gather proper equipment		
Perform proper hand hygiene		
Identify research subject		
Inform research subject of procedures to be performed		

2. Blood Pressure (Manual). If not applicable check here: ____

Technique	Proficient	Initials
Place research subject in proper position		
Place cuff on arm oriented correctly over the brachial artery		
Place manometer so dial can be visualized		
Place stethoscope in ears		
Inflate cuff to appropriate pressure (beyond a palpable pulse)		
Place stethoscope diaphragm over brachial artery		
Deflate cuff evenly (approx. 2-4 mm per second)		
Note pressure where first sound is heard (systolic)		
Note pressure where sound disappears (diastolic)		
Deflate and remove cuff, record BP		

¹ Licensed Independent Practitioners (e.g., M.D.), including Residents, holding core privileges to collect vital signs are exempt from completing this competency checklist and are not required to submit this document to the DVAMC Research Office.

² Completion of this form does not constitute training.

3. Blood Pressure +/- Pulse Rate (Electronic). If not applicable check here: ___

Technique	Proficient	Initials
Place research subject in proper position		
Place cuff on arm oriented correctly over the brachial artery		
Per device specifications, activate cuff inflation and deflation		
Read blood pressure results from device		
If applicable, read pulse rate results from device Not applicable: _____		
Remove cuff, record BP and pulse		

4. Measuring Temperature (Tympanic/Oral). If not applicable check here: ___

Technique	Proficient	Initials
Insert cover onto probe		
Insert covered probe under tongue/in ear canal		
Wait for completion signal (mouth) Activate the device for reading (ear)		
Read temperature results from device		
Remove probe and discard cover and record results		

5. Measuring Pulse (Manual). If not applicable check here: ___

Technique	Proficient	Initials
Place research subject in proper position		
Palpate an appropriate and available artery (e.g., brachial or radial) with fingertips		
Count pulse for one minute or fraction of a minute with appropriate multiplier		

6. Measuring Respirations. If not applicable check here: ___

Technique	Proficient	Initials
Place research subject in proper position		
Count respirations for one minute or fraction of a minute with appropriate multiplier		

Submit this form at **Initial Review and annually thereafter, or when adding vital sign collection authority** for all staff members authorized by the Principal Investigator to collect human vital signs.

Durham VAMC Research Blood Collection Competency Initial and Annual Review Checklist^{1,2}

Research staff member: _____
Printed Name Signature/Date

_____ (*initials*) The requirement to complete this competency does not apply because of at least one of the following: (a) I am currently subject to an annual competency (e.g., a RN), (b) I am employed as a phlebotomist by Pathology and Laboratory Medicine. If this waiver applies, you only need to submit this document **ONE TIME** unless the status of your waiver changes.

If the above waiver does not apply, observe the research staff member perform the following activities. After the employee demonstrates proficiency, check each item and initial.

Preceptor: _____
Printed Name Signature/Date

1. Selection and use of appropriate equipment and supplies:

Materials	Proficient	Initials
Gloves		
Needle device		
Alcohol swabs		
Blood collection container (check expiration dates)		
Tourniquet		
Tape/ Gauze, bandage		
Correct labels		

2. Collection Technique:

Technique	Proficient	Initials
Handwashing		
Study Subject Identification		
Selection of venipuncture site		
Donning/Doffing PPE (gloves)		
Application of tourniquet/removal		
Palpation of vein		
Cleansing of site		
Proper use of needle device		
Proper use of collection container		
Inspection of needle		
Needle angle and bevel		
Dressing of site		
Collection container labeling		

Submit this form at **Initial Review and annually thereafter**, or when **adding blood collection authority**, for all staff members authorized by the Principal Investigator to collect human blood samples.

¹ Licensed Independent Practitioners (e.g., M.D.), including Residents, holding core privileges to perform phlebotomy are exempt from completing this competency checklist and are not required to submit this document to the DVAMC Research Office.

² Completion of this form does not constitute training.

Employee Name:

This Scope of Practice (SOP) is specific to the duties of each research employee as an agent of the study Principal Investigator (PI). This SOP outlines general tasks that the research employee is permitted to perform under the supervision of a PI(s) in conjunction with an approved protocol(s). An individual must submit a new SOP if there are changes in his/her duties/responsibilities, credentials, licensure, etc.

Any research staff member or Principal Investigator that performs any activity or duty in the conduct of research that requires clinical privileges must already hold those clinical privileges or must obtain those clinical privileges from the Durham VA Medical Center as either a licensed independent practitioner or dependent practitioner.

Instructions: The research employee and his/her **direct supervisor** will discuss and determine the duties the employee may perform and will document the agreement by completing this form. However, each **Principal Investigator** is responsible for the conduct of his/her study and must sign that s/he agrees that the employee is capable to perform the assigned duties for those protocols in which s/he acts as the Principal Investigator. **Regardless of supervisor, the Principal Investigator assumes all responsibility for the conduct of staff and for research performed under their protocol.**

All employees must complete the information below and **Section E** of this form. Complete **Section A** if you work with human studies; complete **Section B** if you work with animal studies; and complete **Section C** if you work on laboratory studies (you may complete more than one section). If you work with more than one PI then the additional PIs must add their signature to **Section D**.

Employee Name (Print)	Employee E-mail Address
Degree(s)	Licensure
List:	List:
Employee Type	Direct Supervisor (Print name)
VA-paid WOC IPA Other:	

My duties require me to work with human research subjects.	Yes No	If yes, complete Section A, Human Research.
My duties require me to work with animal research subjects.	Yes No	If yes, complete Section B, Animal Research.
My duties require me to work in a laboratory setting.	Yes No	If yes, complete Section C, Laboratory Research.
I work with/for one or more Principal Investigators.	Yes No	If yes, complete Section D, PI Signatures.

SECTION A: HUMAN RESEARCH

Instructions: You and your supervisor will complete this section to indicate the duties you have been trained to perform as they relate to a human research study.

Duties (Section A: Human Research)	Employee	Supervisor
1. Prepare study initiation activities.		
2. Prepare/submit required documents for committee review.		

Employee Name:

Duties (Section A: Human Research, continued)	Employee	Supervisor
3. Develop recruitment methods.		
4. Screen patients to determine study eligibility by accessing PHI and/or by interviewing potential research subjects.		
5. Use VistA/CPRS to manage research subjects per the research protocol.		
6. Obtain informed consent and utilize the informed consent/HIPAA process.		
7. Provide education regarding study activities to patients, relatives, and Medical Center staff as necessary per protocols.		
8. Obtain and organize data such as tests results, diaries, or other necessary information, per assigned protocols.		
9. Maintain or facilitate complete and accurate data collection for relevant source documents and reports.		
10. Provide education and instruction on health behaviors, or similar activities covered by written instructions to be conveyed to the study participant.		
11. Provide education and instruction of study medication use, administration, storage, and side effects.		
12. Delivery of study medication after being ordered by a clinician and dispensed by a pharmacist.		

ACTIVITIES THAT MAY RESULT IN EXPOSURE TO HUMAN BLOOD, BODY FLUID, OR TISSUES

13. Collection and handling of human specimens.		
14. Transporting human specimens within the medical center.		
15. Collect patient vital signs. **If box is checked, complete and submit the Durham VAMC Research Vital Sign Competency Initial and Annual Review Checklist. Link: http://www.durham.va.gov/research/initial_review/Initial_Review.asp		
16. Perform venipuncture. **If box is checked, complete and submit the Durham VAMC Research Blood Collection Competency Initial and Annual Review Checklist. Link: http://www.durham.va.gov/research/initial_review/Initial_Review.asp		

STATISTICAL AND DATA MANAGEMENT

17. Access PHI to perform statistical analysis or programming to produce reports and create data sets as needed. <i>All confidentiality rules and procedures apply.</i>		
18. Provide statistical and/or programming support per protocol(s).		
19. Provide computer (hardware & software) support per protocol(s).		

HUMAN RESEARCH MISCELLANEOUS DUTIES AND PROCEDURES

20. Describe:		
21. Describe:		

Employee Name:

SECTION B: ANIMAL RESEARCH

Instructions: You and your supervisor will complete this section to indicate the duties you have been trained to perform as they relate to an animal research study.

Duties (Section B: Animal Research)	Employee	Supervisor
1. List species used:		
2. Animal handling.		
3. Animal husbandry activities.		
4. Euthanasia.		
5. Clinical observations.		
6. Recognize signs of pain/distress.		
7. Identify humane endpoints.		
8. Dosing. List routes:		
9. Blood collection. List routes:		
10. Tissue collection.		
11. Animal ID. List type:		
12. Use of infectious, toxic, or hazardous agents.		
13. Surgery, according to protocol.		
ANIMAL RESEARCH MISCELLANEOUS DUTIES AND PROCEDURES		
14. Describe:		
15. Describe:		

SECTION C: LABORATORY RESEARCH

Instructions: You and your supervisor will complete this section to indicate the duties you have been trained to perform as they relate to a laboratory research study.

Duties (Section C: Laboratory Research)	Employee	Supervisor
1. Set-up, operate and maintain laboratory equipment. List:		
2. Keep inventories of laboratory supplies.		
3. Order supplies.		
4. Carry out research activities typically performed in a biochemistry or molecular biology lab.		
5. Use of radioactive materials. List:		
6. Use of infectious agents. List:		
7. Use of Recombinant DNA. List:		
8. Use of toxic, hazardous agents. List:		

Employee Name:

SECTION E: SUPERVISOR, EMPLOYEE, and ACOS/R&D STATEMENTS:

Supervisor Statement: This Scope of Practice was reviewed and discussed with the employee on the date shown below. After reviewing the education, competency, qualifications, relevant research experience, peer reviews, and individual skills, I certify that this employee possesses the skills to safely perform the aforementioned duties and procedures. Both the employee and I are familiar with all duties and procedures granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

Printed Supervisor Name	Job Title
Supervisor Signature	Supervisor Date

Research Employee/Appointee Statement: This Scope of Practice outlines general tasks I am permitted to undertake in conjunction with an approved protocol. I understand that all research must be approved by the appropriate Durham VAMC research committee(s). If I have questions or concerns, I am encouraged to contact the Durham VAMC Research Office. I also understand that performing tasks beyond this scope of practice, without specific authorization, may lead to disciplinary action. Both my supervisor and I are familiar with all duties and procedures granted in this Scope of Practice. I agree to abide by the parameters of this Scope of Practice and all applicable hospital policies and regulations.

I understand that the research scope of practice cannot be construed to authorize any activities or duties that require clinical privileges at the Durham VA Medical Center unless I hold those clinical privileges as either a licensed independent practitioner or dependent practitioner as granted by the Durham VA Medical Center.

I shall use, disclose, or request protected health information (PHI) to the **minimum amount necessary** to perform my specific job function and to accomplish the intended purpose of the use, disclosure, or request.

Printed Employee/WOC/IPA Name	Job Title
Employee/WOC/IPA Signature	Employee/WOC/IPA Date

ACOS/R&D Statement:

I certify that this employee is working within his/her scope of practice and his/her privileges allowed by the Durham VAMC.

Printed ACOS/R&D Name	Job Title
John D. Whited, MD, MHS	ACOS/R&D, Durham VAMC
ACOS/R&D Signature	ACOS/R&D Date

DEPARTMENT OF VETERANS AFFAIRS
VA Medical Center, 508 Fulton Street, Durham, NC 27705

DECLARATION OF EDUCATION

SSN:			
Date of Birth:			
I hereby declare my education as follows:	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>
1. School attended			
Address of school			
My name while at school (if not same as above)	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>
Degree (s) earned			
Dates attended	<i>Begin date</i>	<i>End date</i>	<i>Graduation date</i>
2. School attended			
Address of school			
My name while at school (if not same as above)	<i>First name</i>	<i>Middle name</i>	<i>Last name</i>
Degree (s) earned			
Dates attended	<i>Begin date</i>	<i>End date</i>	<i>Graduation date</i>
<i>Signature</i>			<i>Date</i>

FOR OFFICE USE

Verification of education

Verified by: _____
(attach printed certificate, or other verification document)

Mandatory Training for VA Without Compensation (WOC) Personnel

In order to be granted access to VA resources, you must first complete all of your assigned mandatory training. Required courses are accessed via the VA Talent Management System (TMS).

To access the TMS, you must first create a TMS user profile. Once you have created a user profile, you will see the list of mandatory training and the date(s) by which it must be completed.

In order to access the TMS you must use one of the following browsers:

- Internet Explorer (7.0 to 11.0)
- Mozilla Firefox (3.6.x.x and above)
- Safari on Mac (6.0 and above)
- Google Chrome (23.0.x.x and above)

To ensure that the training courses operate correctly, your system must also have the following software installed and enabled:

- Flash player version 10.0.0 and above
- Adobe Reader 9.0 and above

You will be required to provide specific information about yourself as well as information related to the work you will be doing under this contract. Your contract Project Manager should have provided you with the following information:

1. The VA Location being supported.
2. The VA Point of Contact (POC) First Name, Last Name, Email Address, and Telephone Number.
3. If you must complete HIPPA training.

The above information is required in order to create your profile. Make sure that you have it before starting the TMS User Profile creation process.

Step-by-step instructions for creating your TMS profile and then launching and completing the required training follow.

If You Need Assistance

If you have any questions about the information to be provided or experience difficulties creating a profile or completing the mandatory training(s), contact the Enterprise Service Desk by going to the yourIT Services website or via phone at 1 (855) 673-4357.

A. Create Your TMS Profile

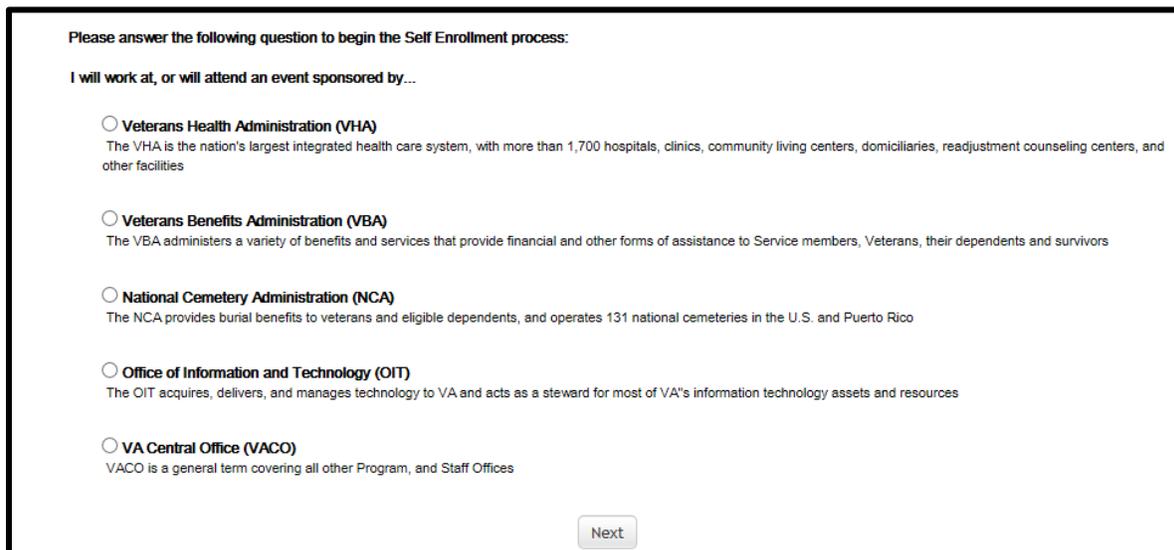
1. From one of the above browsers, access <https://www.tms.va.gov/SecureAuth35/>
2. Select the **CREATE NEW USER** button.



Figure 1: VA TMS Login Screen with Arrow pointing to the Create New User Button

3. The first screen requires you to select the overall VA organization that you will be supporting.

Select either the **Veterans Health Administration (VHA)**, **Veterans Benefits Administration (VBA)**, **National Cemetery Administration (NCA)**, **Office of Information and Technology (OIT)**, or the **VA Central Office (VACO)** radio button.

A screenshot of the VA Organization Selection Screen. The text reads: "Please answer the following question to begin the Self Enrollment process: I will work at, or will attend an event sponsored by...". There are five radio button options, each with a description:

- Veterans Health Administration (VHA)**
The VHA is the nation's largest integrated health care system, with more than 1,700 hospitals, clinics, community living centers, domiciliarys, readjustment counseling centers, and other facilities
- Veterans Benefits Administration (VBA)**
The VBA administers a variety of benefits and services that provide financial and other forms of assistance to Service members, Veterans, their dependents and survivors
- National Cemetery Administration (NCA)**
The NCA provides burial benefits to veterans and eligible dependents, and operates 131 national cemeteries in the U.S. and Puerto Rico
- Office of Information and Technology (OIT)**
The OIT acquires, delivers, and manages technology to VA and acts as a steward for most of VA's information technology assets and resources
- VA Central Office (VACO)**
VACO is a general term covering all other Program, and Staff Offices

A "Next" button is located at the bottom center of the form.

Figure 2: VA Organization Screen

Then select the **NEXT** button.

4. The next screen requires you to identify your enrollee type. The list of options is tied to the VA Organization.

IF you selected VHA, this is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

- Health Professions Trainee** (Health professionals in VA training programs, including WOC trainees)
- Volunteer** (Those volunteering for VA without VA compensation)
- WOC** (Those working for the VA without VA compensation)
- Clinical Contractor** (Medical professionals working for the VA on a contractual basis)
- Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)
- Veterans Service Officer** (Non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)
- DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)
- Conference Attendee** (Those attending a VA-sponsored conference)
- Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)

Figure 3: VHA Enrollee Types

IF you selected VBA, this is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

- Veterans Service Officer** (Non-VA employees that help Veterans with preparing, filing, and tracking a benefits claim through the VA system)
- Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)
- DOD** (Department of Defense Civilian employees and Active Duty military personnel from any branch of the US Armed Forces)
- Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)
- Intern** (Trainees working for the VA who receive no compensation)

Figure 4: VBA Enrollee Types

IF you selected NCA, this is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

- Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)
- Volunteer** (Those volunteering for VA without VA compensation)
- State Employee** (Employees of any US State working for the VA)
- Intern** (Trainees working for the VA who receive no compensation)

Figure 5: NCA Enrollee Types

IF you selected OIT or VACO, this is the screen you should see:

Please answer the following question to begin the Self Enrollment process:

I am a...

- Federal Non-VA** (Those holding positions in the Federal government, except the DoD and the VA)
- Contractor** (Non-medical professionals working for the VA who do so on a contractual basis)
- Volunteer** (Those volunteering for VA without VA compensation)
- WOC** (Those working for the VA without VA compensation)

Figure 6: VACO and OIT Enrollee Types

If you selected the incorrect organization, select the **BACK** button to return to the previous screen.

5. Select the **WOC** radio button. Then select the **NEXT** button.

WOC (Those working for the VA without VA compensation)

Figure 7: WOC Radio Button Option

6. You must provide information related to **MY ACCOUNT** and **MY JOB**. All of the fields marked with an asterisk must be completed.

Note: The **Email Address** that you enter here will be used as your Username to log into the system. Please ensure that the email address you use is one which you will be able access.

Note: Fields marked with * are required

MY ACCOUNT INFORMATION

- The length of the password must be between 12 and 20 characters.
- The password must contain the following types of characters:
 - a. English lowercase letters.
 - b. English uppercase letters.
 - c. Arabic numerals(0,1,2,...9).
 - d. Non alphanumeric special characters (!@#\$%^&*+_={}|[]:;?,./)
- Characters cannot be repeated more than twice in a row.
- The password cannot contain user name(login ID).
- The password cannot contain users first name and last name.
- The password cannot be the same as any of the previous 24 passwords.
- The password cannot contain 6 or more characters in a row from the previous password.
- Security answer must be at least 5 characters.

* Password :

* Re-enter Password :

* SSN : (Click here to view the VA TMS Privacy Act Notice.) - -

(If you are foreign national and do not have an SSN please click here)

* Re-enter SSN : - -

* DOB (MM/DD/YYYY) :

* Legal First Name :

* Legal Last Name :

Middle Name(Optional) :

* Email Address :

* Re-enter Email Address :

* Phone Number (do not include hyphens i.e 1112223333) : - - Check here to enter an International Phone Number

* Time Zone ID :

Figure 8: MY ACCOUNT INFORMATION Screen



Make sure that your **PASSWORD** complies with the requirements listed on the screen and that the re-entered password is identical.

Your password must comply with all of the following:

- Length must be 12 to 20 characters
- MUST contain:
 - Lowercase letters (a through z)
 - Uppercase letters (A through Z)
 - Numerals (0 through 9)
 - Non-alphanumeric characters to include ! @ # \$ % ^ & * _ + = ? , . / ' [] { }
- Cannot include more than two repeated characters in a row
- Cannot include your User Name
- Cannot include your first or last names

Make sure to read the Privacy Act Notice regarding use of SSNs.

Privacy Act Notice

Authority: The Department of Veterans Affairs (VA) is authorized to collect this information under the authority of Executive Order 9397 as amended by Executive Order 13478; Title III, Section 301, Subchapter III of Public Law 107-347 (Federal Information Security Management Act of 2002); Section 7406(c)(1) of Title 38 of the U.S. Code; and Sections 4103, 4115, and 4118 of Title 5 of the U.S. Code.

Purpose: The Department of Veterans Affairs (VA) will use this information to ensure your training records are properly documented and retained into one system, the VA Talent Management System (TMS); and, accurately credited to your TMS profile to acknowledge and provide verification training requirements are met.

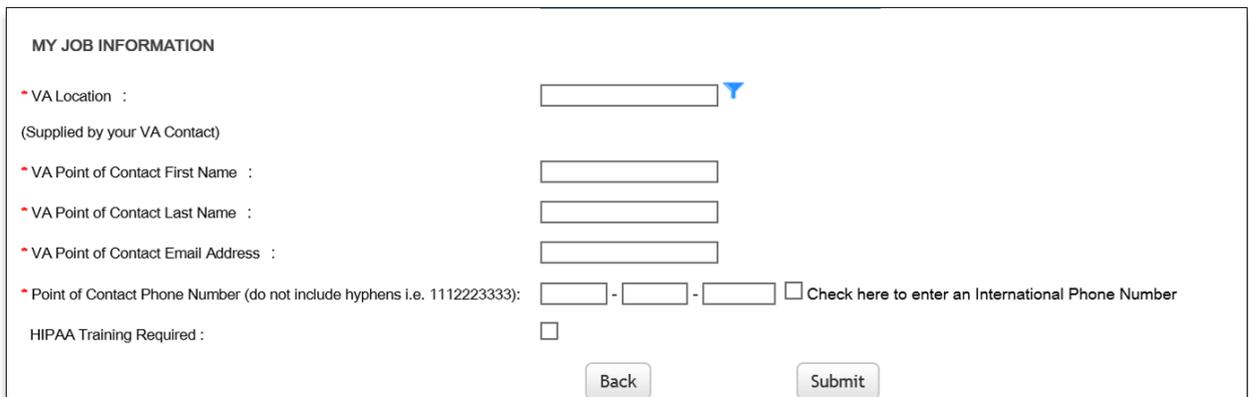
Routine Uses: This information will be used by and disclosed to VA personnel and contractors who need the information to assist with activities related to the training management purposes. Additionally, this information will become a part of your permanent personnel record and is included in the respective government-wide, [OPM/GOVT-1 - General Personnel Records \(71 FR35356\)](#) and VA-specific, [76VA05 General Personnel Records - Title 38 \(65 FR 45131\)](#) electronic system of records notices (SORNs), and is subject to all published routine uses within these SORNs.

Disclosure: Furnishing this information is voluntary, including Social Security Number; however, failure to furnish the requested information may prevent you from establishing a TMS profile and delay the completion of training that would be assigned as a result of the completion of this form.

Social Security Number (SSN): Your SSN may be requested under the authority of Executive Order 9397 as amended by Executive Order 13478. The SSN is used as a unique identifier to ensure that each individual's record in the system is unique, complete and accurate and the information is properly attributed. The SSN is not used by, nor displayed in, the TMS for any other purpose.

Figure 9: TMS Privacy Act Notice

- After completing the MY ACCOUNT INFORMATION fields, you must complete the **MY JOB INFORMATION** fields. As indicated earlier, you should have received this information from your Project Manager. If you do not have this information, please reach out to your Project Manager as you will not be able to create your TMS User Profile without it.



MY JOB INFORMATION

* VA Location : ▼
 (Supplied by your VA Contact)

* VA Point of Contact First Name :

* VA Point of Contact Last Name :

* VA Point of Contact Email Address :

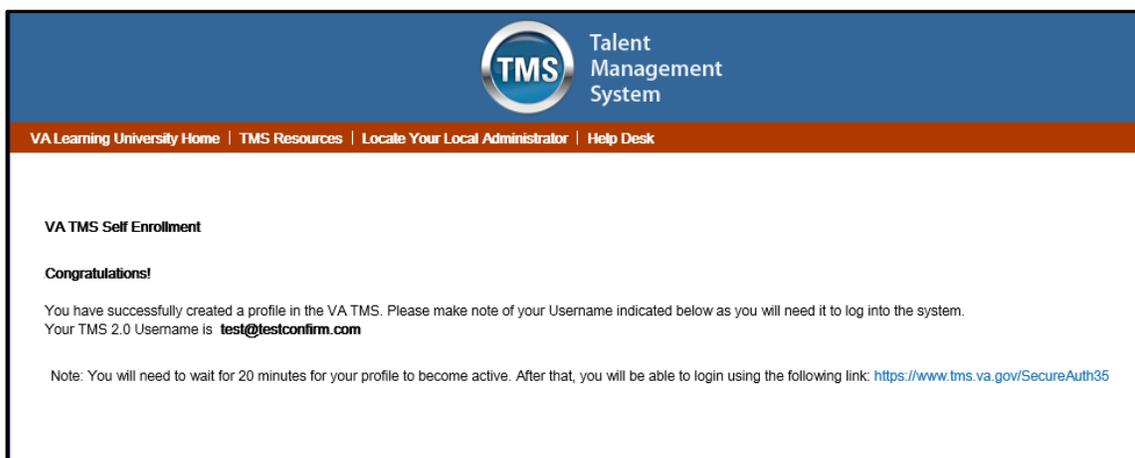
* Point of Contact Phone Number (do not include hyphens i.e. 1112223333): - - Check here to enter an International Phone Number

HIPAA Training Required :

Back Submit

Figure 10: MY JOB INFORMATION Screen

- Once all of the required fields have been completed, select the **SUBMIT** button.
- If there were any errors identified after selecting **SUBMIT**, you must fix those and then select **SUBMIT** again. Keep making corrections until you succeed.
- Once any errors have been corrected, you should see the **Congratulations** screen. At this point you should make note of your TMS Username (which will be the Email Address that you entered).



TMS Talent Management System

VA Learning University Home | TMS Resources | Locate Your Local Administrator | Help Desk

VA TMS Self Enrollment

Congratulations!

You have successfully created a profile in the VA TMS. Please make note of your Username indicated below as you will need it to log into the system.
 Your TMS 2.0 Username is **test@testconfirm.com**

Note: You will need to wait for 20 minutes for your profile to become active. After that, you will be able to login using the following link: <https://www.tms.va.gov/SecureAuth35>

Figure 11: Congratulations Screen

11. After 20 minutes have passed, please return to <https://www.tms.va.gov/SecureAuth35/> and enter your Username and click Submit. You will be able to send a one-time Passcode to your Email Address.

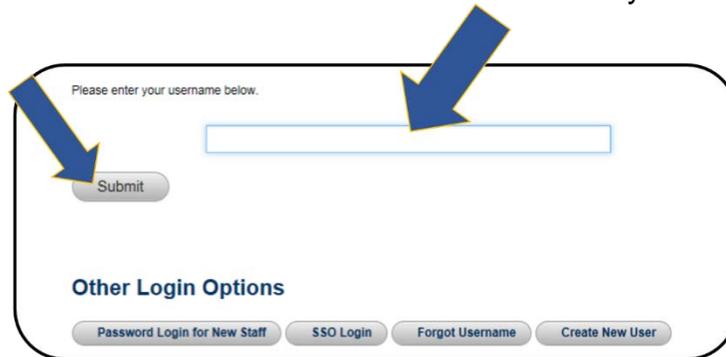


Figure 12: TMS 2.0 Login Screen

12. Once your Passcode arrives, enter it using your keyboard, or the on-screen number pad, and click Submit.

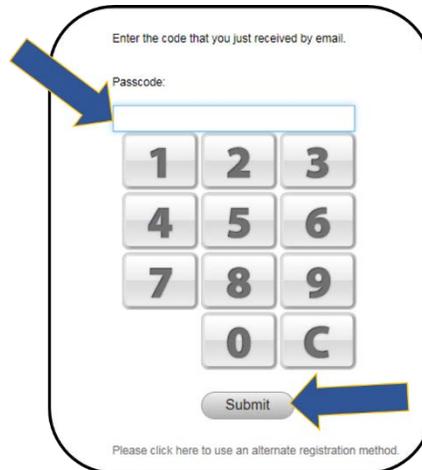


Figure 13: Enter Passcode Screen

13. You are now asked to select and provide answers to two security questions. These will be used if you need to reset your TMS password.



Figure 14: Set Security Questions Screen

After selecting your questions and entering your answers, select the **SAVE** button.

At this point, you have now created your TMS User Profile. Now, you must complete all of the mandatory training courses assigned to you.

B. Launch and Complete Mandatory Training

Follow these steps to launch and complete all of your assigned training.

1. Your TMS home screen displays. It lists the mandatory training you must complete and the date by which completion must occur.



Figure 15: TMS Home Screen

At a minimum, your screen will list **VA Privacy and Information Security Awareness and Rules of Behavior** under the **Due within a week** area of the screen. If you checked the **HIPPA Training Required** box, then the **Privacy and HIPAA Focused Training** is also listed. Notice that both of these courses must be completed within 5 work days from the time your TMS User Profile is created.

While you may complete the course(s) at a later time, it is strongly recommended to complete one or both at the time of TMS profile creation.

2. Hover your mouse over one of the course titles listed on your TMS Home screen. Brief information pertinent to this course displays.

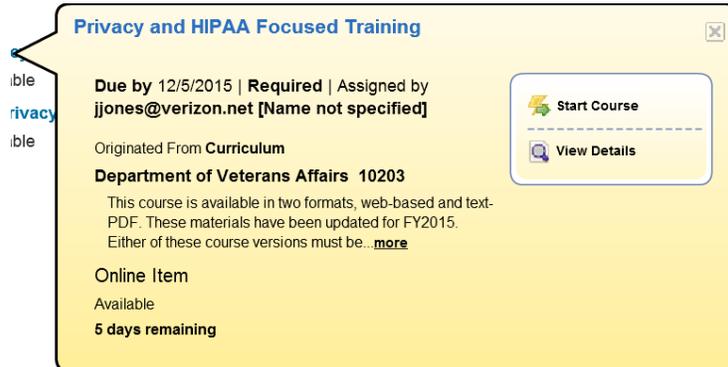


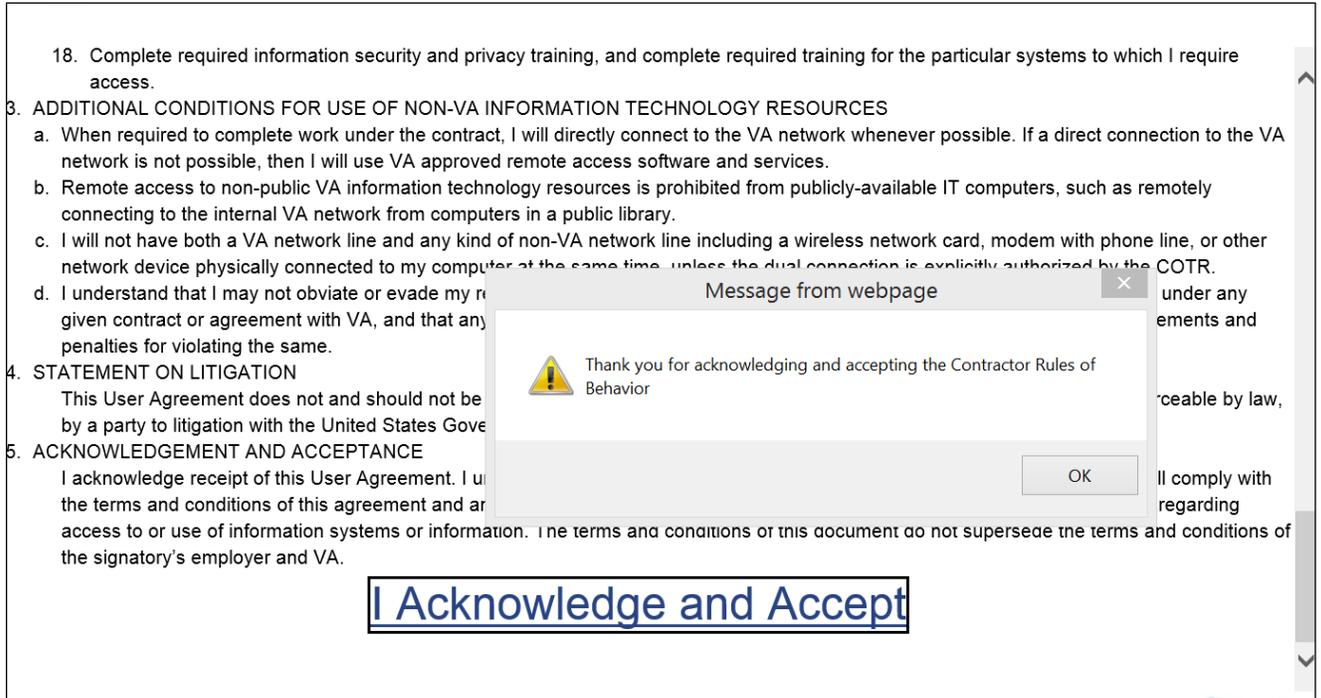
Figure 16: Course Information Pop-up on Mouse Hover

3. Select the **START COURSE** link.

The course windows launch in another browser window. You will see the Online Course Structure screen that is immediately followed by the initial screen of the selected course

Follow the instructions on each of the course screens to complete all modules of the mandatory training course(s).

4. For the **VA Privacy and Information Security Awareness and Rules of Behavior** course, you must acknowledge and accept the Contractor Rules of Behavior that is the last Module of this course.



The screenshot displays a document titled "Contractor Rules of Behavior" with several sections. Section 3, "ADDITIONAL CONDITIONS FOR USE OF NON-VA INFORMATION TECHNOLOGY RESOURCES", contains sub-points a, b, c, and d regarding network access. Section 4, "STATEMENT ON LITIGATION", states that the agreement does not constitute litigation. Section 5, "ACKNOWLEDGEMENT AND ACCEPTANCE", includes the text: "I acknowledge receipt of this User Agreement. I understand the terms and conditions of this agreement and accept access to or use of information systems or information. The terms and conditions of this document do not supersede the terms and conditions of the signatory's employer and VA." A modal dialog box titled "Message from webpage" is overlaid on the text, featuring a yellow warning icon and the message: "Thank you for acknowledging and accepting the Contractor Rules of Behavior". An "OK" button is visible at the bottom right of the dialog. A blue button with the text "I Acknowledge and Accept" is highlighted with a red rectangular border at the bottom center of the page.

Figure 27: Contractor Rules of Behavior Acknowledgement

- Once a course has been completed, select the **HOME** link located at the top left of the screen to return to your TMS Home screen.

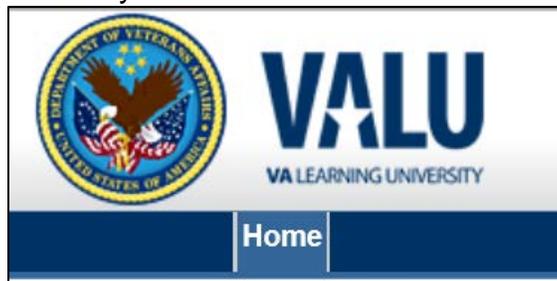


Figure 18: Snapshot of the Home Link

- Once all of the mandatory training has been completed, you will see the **Learning Status Pod** display information stating that the work is completed.

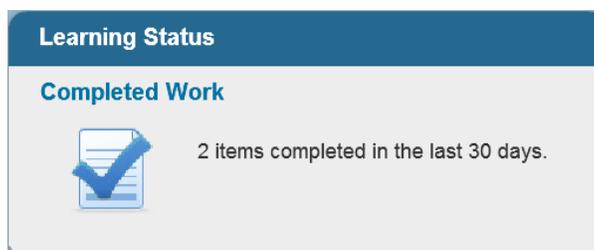


Figure 19: Example of the Learning Status Pod

- While the completion of the mandatory training is recorded in the TMS, you must also print a Certificate(s) of Completion. To do this, you must select the **Learning Status Pod** to access the **Completed Work** screen.

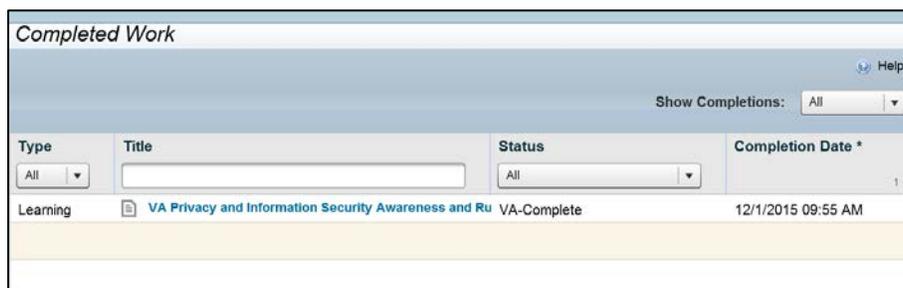


Figure 20: Completed Work Screen

All of the courses that you have completed and the date when they were completed display on this screen.

8. Hover the mouse over the course title for which a completion certificate is to be printed to display the Completed Course pop-up window.

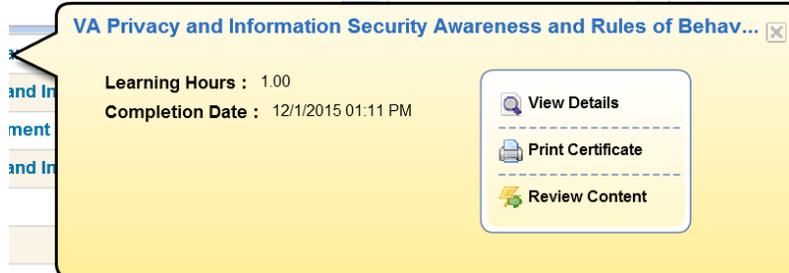


Figure 21: Completed Course Pop-Up

9. Select the **PRINT CERTIFICATE** link. A message indicating the information is being generated.

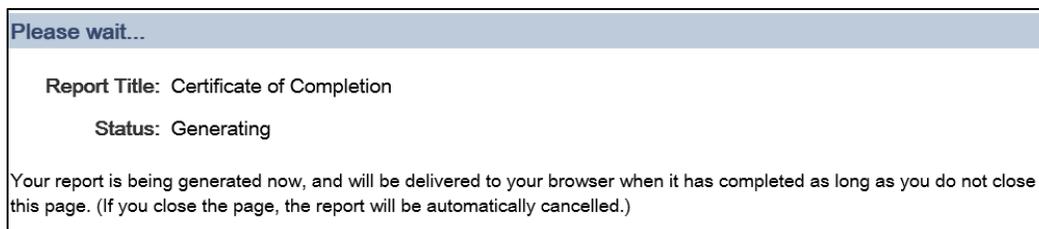


Figure 22: Generating Certificate of Completion Message Screen

Once the necessary information has been gathered, another browser window opens and displays a PDF of the Completion Certificate.

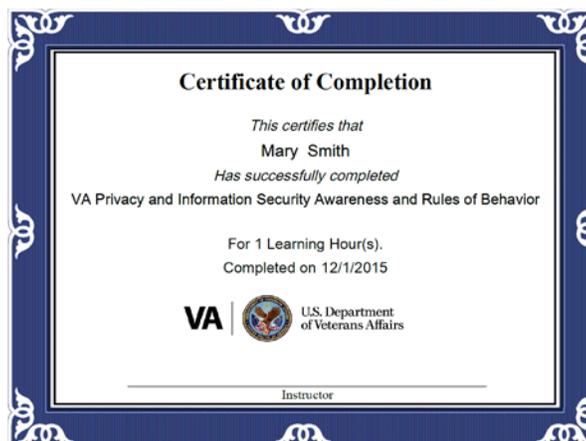


Figure 23: Example of Certificate of Completion PDF

You may save this to your local drive and/or print the certificate to a local printer. Follow the instructions provided by your Project Manager to either save it, print it, or do both.

10. Once you have printed and/or saved your certificate(s), you may log out of the TMS. Select the **SIGN OUT** link located in the upper right portion of your TMS Home screen.

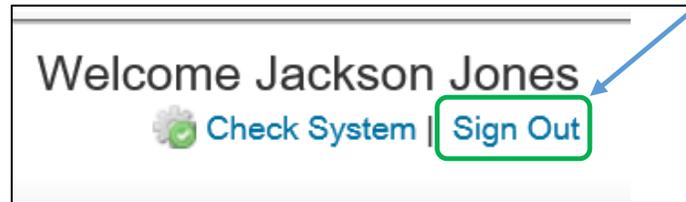


Figure 24: Snapshot of the Sign Out Link